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Using One-Stops To Promote Access to Work Supports—Lessons From Virginia's Coordinated Economic Relief Centers

Final Report

By Diane Paulsell and Melissa Ford, Mathematica Policy Research, Inc.

ERS project representative: Karen S. Hamrick, 202-694-5426, khamrick@ers.usda.gov

Abstract

Policymakers and program administrators have become increasingly concerned about declines in participation in the Food Stamp Program (FSP) and other work supports. As a result, interest has grown in identifying promising strategies for improving low-income families' access to these programs and benefits. In early 2002, the Commonwealth of Virginia implemented a new initiative: To provide the services of many agencies at one-stop career centers, called Coordinated Economic Relief Centers (CERCs). This report describes the results of a study on how the CERCs were implemented and their potential for increasing low-income families' access to the FSP and other work supports and provides operational lessons for other States and communities seeking to implement a similar one-stop approach to service delivery. The results indicate that the CERCs helped some customers get information about where to find services and made obtaining services more convenient. However, resource constraints hampered the CERCs' efforts to operate as envisioned, the level of referrals to food assistance programs was low, and expectations in some communities exceeded what the CERCs could realistically accomplish.

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EXECUTIVE SUMMARY

In recent years, policymakers and program administrators have become increasingly concerned about declines in participation in the Food Stamp Program (FSP) and other work support programs. Interest has grown in identifying promising strategies for improving low-income families' access to, and participation in, the FSP and other work supports. States have begun to implement and test such strategies as community outreach campaigns, streamlined application procedures, and service co-location. Offering work support programs in One-Stop Career Centers, which have proliferated since passage of the Workforce Investment Act of 1998 (WIA), is another potential strategy for increasing low-income families' access.[1]

In early 2002, the Commonwealth of Virginia implemented a new initiative that used One-Stops, called Coordinated Economic Relief Centers (CERCs), to provide dislocated workers and other low-income community members with access to a broad range of programs and services in one location. This report describes the results of a study of the CERCs sponsored by the U.S. Department of Agriculture's Economic Research Service (ERS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, and conducted by Mathematica Policy Research, Inc. (MPR). The purpose of the study was to learn about how the CERCs were implemented, and to assess their potential for increasing low-income families' access to the FSP and other work supports, such as medical coverage and child care assistance.

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[1] The WIA consolidated numerous federal employment and training programs and required states and localities to provide most federally funded employment services through One-Stop career centers.

COORDINATED ECONOMIC RELIEF CENTERS

On February 1, 2002, Mark Warner, governor of the Commonwealth of Virginia, issued an executive order establishing the Virginia Economic Strike Force. This working group of state-agency representatives, chaired by the Virginia Secretary of Commerce and Trade, was charged with addressing the economic crisis faced by several Virginia communities that were losing large numbers of jobs, primarily in the textile and furniture-manufacturing industries.[2] Governor Warner directed the Strike Force to establish CERCs in affected communities to serve as the single point of contact for dislocated workers, their families, and other low-income members of the community. According to state officials, the CERCs are modeled on the approach of the Federal Emergency Management Agency, which sets up temporary service centers in which people affected by natural disasters and other emergencies can access a range of federal and state services.

To date, the Strike Force has established CERCs in four communities. The first, in Clarksville (Mecklenburg County), opened on March 12, 2002, about six weeks after Governor Warner issued the executive order. The Martinsville CERC opened on March 15 to serve the city of Martinsville, as well as Henry and Patrick counties. The third CERC, located in South Boston, opened on April 12 to serve residents of Halifax County. The fourth CERC was established in Marion on June 10 to serve residents of Smyth County.

THE STUDY ON PROMOTING FOOD STAMP PROGRAM AND OTHER WORK SUPPORTS ACCESS THROUGH COORDINATED ECONOMIC RELIEF CENTERS

This study is a process study designed to learn about the CERCs' implementation and to glean lessons that can be useful to future initiatives. Specifically, the study is designed to answer the following key questions:

- How do the CERCs deliver food assistance and other work supports, and to what extent are these services integrated with other services provided at the CERCs?
- What are the levels of service receipt and program participation in the CERC communities?

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[2] The Strike Force includes representatives from the Departments of Social Services, Education, Agriculture and Consumer Services, Business Assistance, Housing and Community Development, Labor and Industry, Medical Assistance Services, and Minority Business Enterprise; the Virginia Community College System; the Virginia Employment Commission; the Virginia Economic Development Partnership; and the Virginia Tourism Authority.

- What lessons can be drawn from Virginia's experience operating the CERCs?

We used a case study approach as our primary research method for gathering and analyzing qualitative information on CERC implementation. A team of two researchers conducted intensive site visits to each of the four CERCs, as well as a series of telephone interviews with state-level officials from the Virginia Employment Commission (VEC) and the Virginia Department of Social Services (DSS). We supplemented this qualitative information with a brief literature review, to provide context for the study, and with an analysis of data on the use of CERC services and participation in DSS benefit programs.

KEY IMPLEMENTATION FINDINGS

This section provides an overview of how the CERCs have been implemented and operated, the types of partnering agencies that have participated in the CERCs, the main services provided, and the overall levels of service use and referrals to other service providers.

- **The VEC took lead responsibility for implementing and operating the CERCs.** Within the Strike Force, the VEC took lead responsibility for establishing and operating the CERCs, and for providing services to customers. Because no state resources were allocated to pay for CERC operations, VEC officials decided to use Rapid Response funds (approximately $330,639 from March 2002 through April 2003) from the U.S. Department of Labor to pay for overhead costs, including office space and equipment.[3] Once decisions were made to open the CERCs, the VEC determined on a case-by-case basis where they would be located and how they would be operated. Two approaches to CERCs emerged from this process: (1) a satellite office approach, in which the CERC is housed in a separate location from the VEC and serves as a satellite office; and (2) an in-house approach, in which the CERC operates within the local VEC office (and WIA One-Stop). Local VEC directors manage the CERCs, and VEC staff conduct initial intake and provide referrals to partnering agencies.

- **Almost all services provided at the CERCs are VEC services.** Most customers come to the CERCs seeking employment-related services, such as help with Unemployment Insurance (UI), job service registration, or job search assistance. Because these are VEC services, and because the VEC provides core staff for the CERCs, most CERC services are provided by the VEC. Across the CERCs, the average number of contacts with walk-in customers ranged from 240 per month in Martinsville, a satellite office, to 1,494 per month in South Boston, a CERC located within the VEC's WIA One-Stop. The CERCs located within VEC offices count all customers who come to the office as CERC customers, regardless of the services sought.

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[3] The WIA of 1998 requires states to provide Rapid Response Activities after permanent plant closures, mass layoffs, or natural disasters that result in dislocation of workers. Rapid Response Activities aim to help dislocated workers find new employment as soon as possible.

- **The VEC initially recruited a broad range of partnering agencies to participate in the CERCs, but participation waned over time.** The VEC took lead responsibility for organizing meetings of staff from the local VEC offices and other service providers in the community to gain their cooperation as partners, and to plan their participation in the CERCs. Across the CERCs, partnering agencies offer a range of services, including employment services, education and training, social services, health and mental health services, and emergency assistance. Partners include state and local government agencies, as well as community-based and faith-based organizations. Many partnering agencies outstationed staff at the CERCs for at least a few hours per week initially. Most of these partners suspended their regular visits after a few weeks or months, citing low levels of referrals and lack of resources.

- **Several food assistance providers participated in the CERCs.** DSS, which administers the FSP, participated in the CERCs and took FSP applications on site at three of the four CERCs. Community action agencies and charitable organizations that provide emergency food assistance partnered with the CERCs in some sites, but most did not provide on-site services. In addition, CERC staff reported referring customers in need of emergency food assistance to local churches and food banks.

- **The level of referrals to partnering agencies that participated in the CERCs was low.** Almost all referrals made by the CERCs were for employment-related services (41,507 of 42,810 referrals). Of these, nearly all were made to either the VEC, for help with UI or job search activities, or to WIA programs. Fewer than one percent of referrals were for social or emergency services (313 referrals). A small number of referrals were made for education services (221 referrals) and health services (172) referrals. Several factors may explain the lower-than-expected levels of referrals to non-VEC services. Most CERC staff did not inquire about customers' needs and did not offer referrals unless requested by the customer. Customer perceptions of their own needs may have been another factor. Most dislocated workers wanted to find employment as soon as possible; it took time for them to acknowledge that they needed retraining or emergency assistance while unemployed. Reporting problems, including inconsistencies in how referrals were tracked and recorded, may have also contributed to the pattern of low referrals.

SUCCESSES AND CHALLENGES

This section highlights the main successes and challenges in implementing and operating the CERCs experienced by the VEC and partnering agencies.

Successes

- **The CERCs may have increased access to services for some customers.** Although the level of referrals to other service providers was lower than anticipated, VEC staff believe that the CERCs facilitated access to information about services available in the community. For example, all of the CERCs reported providing information about food assistance available from food banks, churches, and community action agencies. Moreover, the CERCs operating satellite offices were conveniently located for some customers and may have provided more personalized services to customers. Those who lived near the CERCs did not have to travel as far to access VEC services, and they could obtain information about services available through partners. Some state-level officials thought that the CERCs facilitated access to services that customers would not otherwise have received. Others thought that, while the CERCs were convenient, most customers would have found the same services on their own.

- **Participation in the CERCs enhanced community collaboration and increased service providers' knowledge of community resources.** VEC and partnering agency staff in the CERC communities reported that the CERCs have increased the number and nature of partnerships between the VEC and local service providers. Although the VEC offices and many CERC partners already were participating in WIA One-Stops, many reported that the process of planning and participating in the CERCs increased their knowledge of services available in the community.

Challenges

- **The CERCs faced resource constraints that hampered efforts to operate them as envisioned, especially efforts to co-locate services.** The lack of funds to cover the costs of both operating the CERCs and participation of partners limited the CERCs' ability to achieve the state's goals. Partners could not afford to outstation staff to the CERCs on a full-time basis without additional funding. At three of the four CERCs, space was not sufficient to house staff from more than two partnering agencies at a time. Moreover, operating the CERCs increased the workload of VEC staff significantly and strained the resources of partnering agencies. CERC staff at some sites also reported that finding community resources to meet customers' needs became increasingly challenging.

- **Several factors, including constraints on planning time and implementation of recordkeeping systems, have limited the CERCs' capacity to provide integrated services.** Planning time was not sufficient for developing plans and procedures to integrate services across providers. Lack of training for CERC staff, as well as a lack of procedures for conducting needs assessments and making referrals may have contributed to the low level of referrals to partnering agencies and the limited coordination with the agencies. Moreover, some aspects of the customer tracking system were not fully implemented when the CERCs opened and have not functioned as efficiently as expected.

- **In some sites, community expectations exceeded what the CERC could realistically accomplish.** Some communities expected the CERCs to promote economic development and creation of new job opportunities. In addition, some customers thought the CERCs would offer services beyond those already available in the community. For example, some expected to obtain health insurance coverage; others sought cash assistance payments. The CERCs could refer customers to existing programs, but many were ineligible for these programs, either because they were still receiving UI benefits, had assets that made them ineligible, or did not have minor children.

IMPLEMENTATION LESSONS

The current research has focused on examining the implementation and operations of the CERCs. The study was not designed to determine whether the CERCs are effective in increasing access to services. Reflecting this, we did not collect individual-level data on CERC customers, and thus we are not in a position to make overall recommendations regarding whether the CERC model should be adopted more broadly. However, for those who have decided to implement a One-Stop approach to service delivery, we highlight a number of operational lessons from this study that may be useful in designing and implementing similar initiatives. In this section, we explore lessons from the CERCs related to co-location of service providers, integrating services, and conducting community outreach.

Lessons for Enhancing Service Co-Location

- **Assess the value of co-locating individual service providers on site on a case-by-case basis.** Some partners felt that their presence on site at the CERCs was not valuable to customers because they could only provide information about services offered at other locations. Others were already located nearby the CERCs and thus were accessible to customers without having to co-locate.

- **Provide resources to cover the cost of co-locating essential services on site.** Site visit respondents thought that enabling customers to apply for partnering agency services on site at the CERCs would be valuable if staff from these agencies were present on a daily basis, rather than for a few hours a week. However, partners reported that they could not afford to outstation staff at the CERCs for more than a few hours a week without additional resources.

- **Explore screening tools and resources available through the Internet as alternatives to service co-location.** Since the CERCs opened, DSS has made a new screening tool available on its web site that customers can use to assess whether they are likely to be eligible for a variety of benefit programs. With the availability of this tool, some DSS officials felt that outstationing staff at the CERCs was neither necessary nor an efficient use of their resources.

- **Consider establishing CERCs within existing One-Stops, rather than in separate locations.** Some VEC officials thought that all the CERCs should be operated within WIA One-Stops, rather than in separate locations. Although satellite offices were convenient, they duplicated services available nearby, strained the limited resources of the VEC and partnering agencies, and proved difficult to close.

Lessons for Enhancing Service Integration

- **Devote more planning time to address service integration issues, such as developing common forms, referral procedures, and information systems for use by all partners.** State officials believe they would have been able to integrate services across partners more fully if they had had adequate time to develop common forms and systems, and adequate time to train staff to use them.

- **Explore options for creating a customer tracking system that can be updated efficiently, and that can provide timely customer information.** Because of difficulties obtaining customer outcome information from partners, some state officials suggested that an integrated tracking system, in which each partner would be responsible for entering outcomes for customers referred to it, would be a more efficient way to collect outcomes information. Such a system might also encourage more regular followup with customers and facilitate partners’ access to updated customer information.

Lessons on Community Outreach

- **Conduct community outreach on an ongoing basis.** In several communities, CERC staff suggested that more ongoing outreach about the CERCs and services available would have been helpful. In particular, some suggested that partnering agencies could have played a greater role in conducting outreach and in educating the community about the services they offered at the CERCs.

- **Communicate clear and realistic expectations about what the CERCs can accomplish before they open.** Because residents in some communities had unrealistic expectations about what the CERCs could accomplish, state officials stressed the importance of communicating a clear message about what customers can realistically expect to obtain at the CERCs.

- **Establish a closing date for the CERCs before they open.** VEC officials reported that some communities reacted negatively to attempts to close CERCs once the volume of customer contacts declined. Communicating a definite closing date at the outset may help establish more realistic expectations about the CERCs. In addition, partners might be more committed to participating and more willing to outstation staff if they knew there would be a definite end to that commitment. To date, none of the CERCs have been closed.

CHAPTER I

INTRODUCTION

On February 1, 2002, Mark Warner, governor of the Commonwealth of Virginia, issued an executive order establishing the Virginia Economic Strike Force. This working group of state-agency representatives, chaired by the Virginia Secretary of Commerce and Trade, was charged with addressing the economic crisis faced by several Virginia communities that were losing large numbers of jobs, primarily in the textile and furniture-manufacturing industries.[4] The Strike Force was directed to provide a single point of contact for dislocated workers and other affected citizens, assist communities in developing strategies to address their economic problems, and identify opportunities for economic development.

Governor Warner directed the Strike Force to establish Coordinated Economic Relief Centers (CERCs) in affected communities to serve as the single point of contact for dislocated workers, their families, and other low-income members of the community. During a press conference held in Clarksville, Virginia, to announce the deployment of the Strike Force and to announce plans to open a CERC in Clarksville, Governor Warner provided his rationale for establishing the CERCs to serve dislocated workers: "It is important that these individuals and their families have access to the full spectrum of services, both public and private, through a single intake process." According to state officials, the CERCs are modeled on the approach of the Federal Emergency Management Agency, which sets up temporary service centers in which people affected by natural disasters and other emergencies can access a range of federal and state services.

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[4] The Strike Force includes representatives from the Departments of Social Services, Education, Agriculture and Consumer Services, Business Assistance, Housing and Community Development, Labor and Industry, Medical Assistance Services, and Minority Business Enterprise, the Virginia Community College System, the Virginia Employment Commission, the Virginia Economic Development Partnership, and the Virginia Tourism Authority.

To date, the Strike Force has established CERCs in four communities. The first, in Clarksville (Mecklenburg County), opened on March 12, 2002, about six weeks after Governor Warner issued the executive order. The Martinsville CERC opened on March 15 to serve the city of Martinsville, as well as Henry and Patrick counties. The third CERC, located in South Boston, opened on April 12 to serve residents of Halifax County. The fourth CERC was established in Marion on June 10 to serve residents of Smyth County.

THE STUDY ON PROMOTING ACCESS TO THE FOOD STAMP PROGRAM AND OTHER WORK SUPPORTS THROUGH COORDINATED ECONOMIC RELIEF CENTERS

This report describes the results of a study of the CERCs sponsored by the U.S. Department of Agriculture's Economic Research Service (ERS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, and conducted by Mathematica Policy Research, Inc. The purpose of the study was to learn about the CERCs' implementation and to assess their potential for increasing low-income families' access to the Food Stamp Program (FSP) and other work supports, such as medical coverage, child care assistance, and transportation assistance. In recent years, policymakers and program administrators have become increasingly concerned about declines in participation in the FSP and other work support programs, especially among former recipients of Temporary Assistance for Needy Families (TANF) and their children. Consequently, interest has grown in identifying promising strategies for improving low-income families' access to, and participation in, the FSP and other work supports. States have begun to implement and test such strategies as community outreach campaigns and streamlined application procedures, both designed to increase families' access to these work supports and to encourage their participation (Pavetti et al. 2002).

Virginia's initiative to establish the CERCs provides a unique and timely opportunity to examine whether One-Stop service centers, in which a broad range of services are co-located, offer another promising strategy for increasing low-income families' participation in the FSP and other work supports. As a result of the Workforce Investment Act of 1998 (WIA), One-Stop career centers have proliferated in recent years. The WIA consolidated numerous federal employment and training programs and required states and localities to provide most federally funded employment services through One-Stop career centers. A guiding principle for this system is to provide universal access to services, so that anyone seeking employment or career advancement can obtain core employment services through the One-Stop system. In addition, creation of this system has increased interest in—and created new opportunities for—coordination between the welfare and workforce development systems. Recent research indicates that the level of collaboration between these two systems has grown substantially (U.S. General Accounting Office 2002a).

In the rest of this introductory chapter, we present the study's research questions and methodology. Chapters II and III provide important background and information that set the stage for the study's findings. Chapter II synthesizes findings from several recent studies of service integration through One-Stops and strategies for increasing access to food stamps and other work supports. In Chapter III, we describe the communities in which the CERCs have been implemented; our description includes a time line of plant closings, data on unemployment rates, and a profile of dislocated workers. Chapter IV describes CERC planning efforts at the state and local levels. Chapter V describes CERC implementation and the services provided, and Chapter VI presents data on the levels and patterns of service use. In Chapter VII, we present findings on the CERCs' successes and implementation challenges and then describe a number of implementation lessons that can be derived from the study.

RESEARCH QUESTIONS

The key goals of this study are to gain a detailed understanding of how the CERCs have been implemented and how they operate, assess their potential to increase participation in the FSP and other work supports, and glean implementation lessons from the CERCs' experience that will be useful to policymakers and program operators seeking to design and implement similar strategies. The study's research questions reflect these goals. Specifically, the study is designed to answer the following key questions:

- ***How do the CERCs deliver food assistance and other work supports, and to what extent are these services integrated with other services provided at the CERCs?*** How are the CERCs organized? How are cases managed? How are the CERCs funded? How do they facilitate communication across participating public agencies? What is the nature of their relationship with employers? Do the CERCs conduct community outreach? Do nongovernmental food assistance organizations participate in the CERCs?

- ***What are the levels of service and program receipt participation in the CERC communities?*** How did the levels of participation change in the FSP, TANF, and other assistance programs after the CERCs opened?

- ***What lessons can be drawn from Virginia's experience operating the CERCs?*** What successes and failures did the CERCs experience? Do they have sufficient resources to meet their goals? Do they represent a model that shows promise, and one that could be replicated? What implementation lessons can be drawn from the experience with CERCs?

METHODOLOGY

This study is a process study designed to learn about CERC implementation and to glean implementation lessons that can be useful to future initiatives. We used a case study approach as our primary research method for gathering and analyzing qualitative information on CERC implementation. We supplemented the qualitative information with a brief literature review to provide context for the study, and with an analysis of service use data. In this section, we describe our methods for these three study components.

Case Studies

Much of the data collection for this study occurred during intensive site visits to each of the four CERCs.[5] Each visit, conducted by a team of two researchers, included individual interviews, small group discussions, observations of service delivery, and reviews of program documents relevant to CERC operations. In each site, we conducted individual interviews and group discussions with CERC administrators, CERC line staff, administrators from DSS, and representatives of partnering agencies that participated in the CERCs (Table I.1). In some sites, we also conducted interviews with local government officials and CERC customers. After the visits, telephone interviews were conducted with a few respondents who were not available when we were on site.

Prior to the visits, we developed prototype interview protocols. We adapted them as necessary to address variations across the CERCs and communities. (The prototype protocols are included in Appendix A.) Discussions with administrators focused on CERC organization, operations, funding, approach to case management, and coordination across programs. The discussions also explored respondents' perceptions of the CERCs' successes, the challenges to coordinating across systems, and the strategies CERCs have developed to overcome such hurdles. Interviews with CERCs and partnering agency line staff focused on their experiences delivering services through the CERCs and coordinating services across programs, and on their approach to helping customers access the services they need.

After completing the site visits, we conducted a series of telephone interviews with state-level officials from the Virginia Employment Commission (VEC) and the Virginia Department of Social Services (DSS).[6] These interviews focused on the state's rationale for establishing the CERCs, goals for the CERCs, state policies related to CERC implementation, perceptions of the CERCs' key successes and implementation challenges, lessons learned from designing and implementing the CERCs, and any other state-level issues that surfaced during the site visits. (Appendix B contains our protocol for state-level interviews.)

We based our analysis of the case study data on detailed site narratives prepared after each site visit. The narratives summarize and synthesize information collected from all respondents and other data sources. They include detailed descriptions of CERC planning, operations, and service delivery, as well as site visitors' observations and judgments about the relationship between CERC policies and procedures and the extent to

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[5] We visited the Clarksville CERC on December 16-17, 2002; the Martinsville CERC on December 18-20, 2002; the South Boston CERC on January 22-24, 2003; and the Marion CERC on February 11-13, 2003.

[6] At the VEC, we interviewed the associate commissioner, director of field operations, and administrative services manager. At DSS, we interviewed the commissioner, manager of the Job Readiness and Employment Unit, and a regional director.

Table I.1: Site Visit Respondents

Respondent	Clarksville	Martinsville	South Boston	Marion
Virginia Employment Commission				
CERC Manager and VEC Director	X	X	X	X
CERC Supervisor		X		
Regional Director	X			
Workforce Services Representatives	X	X	X	X
WIA Coordinator			X	
WIA Case Manager	X	X	X	X
Office Services Specialist		X		
Department of Social Services				
Director	X	X	X	X
Assistant Director				X
Eligibility Supervisor	X	X		
Employment Services Supervisor		X		
VIEW Coordinator				X
Partnering Agencies				
Adult Basic Education		X		X
Area Agency on Aging		X	X	X
Child Support Enforcement		X		
Community Action Agency			X	X
Community College Representatives	X	X		X
Department of Rehabilitative Services	X			X
Experience Works		X		X
Faith-Based Service Providers			X	
Health Care Providers	X	X		X
Mental Health Care Providers	X	X		
United Way	X	X		
Local Government Officials				
Mayor	X	X		
CERC Customers	X	X		

which the CERCs were able to meet their goal of increasing access to a broad range of services. The concluding section of each narrative summarizes the CERCs' key successes and implementation challenges. We used the site narratives to conduct cross-site analyses that compared and contrasted operations, approaches to service coordination, and key implementation issues across the four CERCs.

Literature Review

To provide a broader research context for the study, we reviewed several recent studies that examined service integration through One-Stop centers and strategies for increasing access to food stamps and other work supports. In our review of these studies, we focused on examining key barriers to service integration in One-Stop centers that have been identified in prior research, as well as the promising strategies implemented to enhance service integration. A summary of barriers and strategies gleaned from the literature review is presented in Chapter II of this report.

Analysis of Administrative Data

In addition to deriving implementation lessons from the process analysis, this study aims to document the extent of service use by CERC customers and to examine patterns of service use and program participation in the CERC communities. To conduct this analysis, we obtained weekly reports on CERC activities from the VEC. These reports include the number of walk-in customers and telephone calls, sources of referrals to the CERCs, job placements made through the CERCs, and referrals made by the CERCs to partnering agencies. We aggregated these data into monthly counts of CERC customers and referrals and then examined the patterns of service use in the CERCs over time. In addition, we obtained data from DSS on levels of participation in the FSP, TANF, and the child care assistance program in the CERC communities. We report our findings in Chapter VI. ERS also requested data from the VEC on levels of service use prior to CERC implementation, but the agency was not able to provide this information.

CHAPTER II

OVERVIEW OF SELECTED LITERATURE ON ONE-STOP SERVICE CENTERS

In recent years, states and communities have begun to implement and test a variety of strategies designed to increase low-income families' access to work supports. There has been a focus on increasing access to employment and supportive services through increased coordination across service delivery systems, such as workforce development systems and welfare programs (U.S. General Accounting Office 2002b). In particular, many states have made an effort to co-locate and coordinate services through One-Stop career centers established under the Workforce Investment Act of 1998 (WIA). Co-locating a broad range of services and benefit programs in One-Stops may increase convenience for customers, because the customers can apply for multiple programs in a single visit, rather than having to travel to the offices of several agencies. Customers also may be able to access information about various programs more easily in One-Stops and thus may learn about services and programs that they would not have otherwise known about. Moreover, when services are coordinated across programs, customers may be more readily linked to the range of services they need. For example, states have reported efforts to coordinate services in One-Stop centers that include (1) formal linkages (for example, memoranda of understanding), (2) informal linkages (such as referrals), (3) coordinated planning, (4) shared intake and enrollment, (5) integrated case management, (6) shared customer tracking, (7) and shared performance measurement (U.S. General Accounting Office 2002b).

This chapter provides an overview of findings from selected previous studies about the major barriers to integrating services through WIA One-Stop centers.[7] It also examines strategies that may be useful for enhancing service integration in these centers. To provide a backdrop for understanding the experiences of the four CERCs discussed in this report, particular emphasis is placed on challenges to, and strategies for, co-locating service providers and integrating services to increase access to the Food Stamp Program (FSP) and other work supports. The first section describes the challenges to increasing access to programs and services through One-Stop centers, while the second suggests promising strategies for improving access.

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[7] Fieldwork for some of the reviewed studies was conducted before WIA had been fully implemented.

Research indicates that rural residents face significant barriers to accessing employment and services because they must travel farther than urban residents to reach agency offices or worksites, and public transportation is often not available (Duncan et al. 2002; and Fletcher et al. 2002). Because service co-location and integration are often seen as having the potential to ease barriers faced by low-income families in rural communities, such as those in which the CERCs are located, where appropriate, we highlight specific challenges and strategies that are relevant to rural settings.

CHALLENGES TO INCREASING ACCESS TO FOOD STAMPS AND OTHER WORK SUPPORTS THROUGH ONE-STOP CENTERS

Prior research has identified factors that may influence participation in the FSP, Medicaid, and other work support programs (Dion and Pavetti 2000; Gleason et al. 2001; Rosso 2001; Schirm and Castner 2002; and U.S. General Accounting Office 1999). In addition, a growing body of research has examined the difficulties involved in providing coordinated services to low-income individuals through One-Stop centers—that is, through physical co-location of service providers. Building on research in both these areas, this section explores some of the challenges to increasing low-income families' access to food stamps and other work supports through the use of One-Stop centers. First, we describe barriers to service co-location. We then we discuss several barriers to service integration within One-Stop centers, including logistical and philosophical constraints; differences in the missions of co-located service providers; differences across programs in performance standards, funding streams, and reporting requirements; and the lack of compatible information systems.

Agencies face logistical and philosophical barriers to co-location.

Agencies that seek to co-locate services in a One-Stop center face the logistical challenges of relocating various partnering agencies and housing them in one office building. In some cases, the facility in which a One-Stop center is located does not have adequate space to accommodate all partners at one time (Pindus et al. 2000; and U.S. General Accounting Office 2002a). In addition, some partnering agencies may have long-term lease contracts that are costly to break, thus making the cost of relocation relatively high for the agency. Alternative strategies to co-location—such as outstationing staff from one agency to another agency on a rotating basis—have been adopted in some cases in which full-time co-location was not an option (U.S. General Accounting Office 2002a). These alternatives have been implemented primarily in collaborations involving the welfare and workforce development agencies. Outstationing staff to One-Stop centers could become increasingly complex and challenging to implement if more partners are added.

Differences in geographic service areas, distances between One-Stop centers and welfare offices, and the location of these offices all pose logistical barriers (U.S. General Accounting Office 2002a). For example, some social service agencies in West Virginia reported a reluctance to coordinate Temporary Assistance for Needy Families (TANF) services with One-Stop centers, because of differences in the geographic boundaries of the welfare offices and the One-Stop centers. In some cases, welfare officials were not sure which One-Stop centers had a service area that included the area served by the welfare agency (U.S. General Accounting Office 2002a). In other states, welfare agency officials felt that there was an insufficient number of One-Stop centers to accommodate all TANF customers, or that customers would have to travel long distances to reach the centers. For example, in Alabama, officials reported that there were welfare agency offices, but not One-Stop centers, in every county.

In addition to logistical barriers, some agencies do not want to co-locate their services because they believe they can more effectively serve customers at their own office (U.S. General Accounting Office 2002a). Staff may think that each agency has expertise in its own service area, and that these services can best be provided in separate locations. For example, in some cases, officials from agencies that provide TANF have been reluctant to integrate services with workforce development agencies because they fear that those agencies will not give sufficient priority to addressing the multiple barriers to employment that some TANF recipients face (U.S. General Accounting Office 2002a). Moreover, because of TANF's work requirements and many states' work-first approach to serving TANF customers, few TANF customers may be eligible for training through the workforce development system.

Research indicates, as well, that concerns over "turf" have made collaboration between TANF providers and workforce development staff difficult (Pindus et al. 2000). Such issues also can stem from distrust of other agencies and from the fear of losing agency autonomy. Staff at each agency may resist co-location because they perceive it as a threat to their job security, fearing that their services will no longer be needed. Such fears about job security have been exacerbated in recent years by the decline in TANF caseloads and by the fact that many workforce development services can now be provided through on-line and automated systems (Pindus et al. 2000).

Differences in mission among co-located agencies may hamper efforts to integrate services.

In the absence of a common mission, One-Stop partner agencies may have very different philosophies about how best to serve their customers. For example, an early study of One-Stop centers that have combined TANF and workforce development services prior to enactment of WIA have found that, while welfare reform has been guided by a "work-first" strategy, workforce development staff place greater value on longer-term strategies, such as improving job skills and increasing wages (Pindus et al. 2000). Consequently, workforce development agencies sometimes feel that TANF customers are placed in employment before they have developed the job skills needed to be successful in the labor market. By extension, one can imagine that in a One-Stop setting in which the primary focus is on providing employment services, assessing customers' need for supportive services (or for basic money to live on) may not receive sufficient attention. Given the competing demands on caseworkers' time, some agencies may be tempted to focus on providing the services that support the mission of their agency and on which the agency's performance will be assessed.

In addition, when One-Stop centers have not implemented a shared-intake system or when the intake process is not comprehensive, each agency participating in the One-Stop is likely to assess customers for the needs that must be met to accomplish its own goals. For example, employment and training service providers are likely to focus on assessing employment-related needs but may not ask customers about their needs for food stamps, medical insurance, and other support services. Moreover, earlier research indicates that even in the welfare office setting, caseworkers do not always provide information and determine eligibility for all the programs for which individuals may qualify (Quint and Widom 2001; and Pavetti et al. 2002). Instead, they may choose to determine eligibility only for the programs for which participants express the greatest need (Quint and Widom 2001). Yet, focus groups reveal that, although customers may not think they have a need for such services as food stamps, they still may be engaging in practices that would suggest otherwise (for example, cutting back on meal portions or eating at other people's homes) (McConnell and Ponza 1999). In a One-Stop setting with no central intake function, customers may not articulate their need for supportive services, such as food assistance or help with transportation, to caseworkers from agencies that focus on, say, employment or education services.

Differences in funding streams, procedures, performance standards, and reporting requirements across agencies pose barriers to service integration.

Differences in how program services are defined, funding is allocated, performance is measured, and outcomes are reported can hinder efforts to coordinate services across agencies (Pindus et al. 2000; and U.S. General Accounting Office 2002a). Program rules and requirements often are determined by legislation and may not allow for a great deal of flexibility at the local level. In such cases, coordination may be difficult, since each agency likely will define "success" differently (U.S. General Accounting Office 2002a). For example, co-located programs may have different eligibility criteria, which can pose a challenge to service coordination, because public agencies may be required to reimburse the funding agency if they serve customers who are ineligible for their programs (Pindus et al. 2000). Similarly, agencies that receive funding based on their ability to meet certain performance standards may be less inclined to refer customers to other agencies or to accept referrals if they cannot be assured of positive outcomes on certain measures (Pindus et al. 2000). Reporting requirements may cause agencies to be reluctant to refer customers to other service providers unless they can be sure of receiving the outcome data that must be reported to funders in a timely way. Research suggests that keeping track of performance indicators for multiple programs in a One-Stop setting can be overwhelming for agency staff and can even foster competition among programs (U.S. General Accounting Office 2002b).

Incompatible information systems can hinder agencies' efforts to share information.

Agency policies that restrict information sharing due to customer confidentiality rules may hamper coordination by creating barriers to sharing customer records through information systems (Pindus et al. 2000). In the absence of these barriers, partnering agencies could use shared information systems to access customer information from other agencies' databases—for identifying customer needs, determining eligibility, or verifying participation in program activities (Pindus et al. 2000; and U.S. General Accounting Office 2002a). In this way, customers would not have to reproduce the same documentation and verification multiple times when they apply for more than one service or benefit program. In addition, shared information can facilitate discussion of specific cases across agencies and thus enable staff to work together to resolve issues that customers may be facing (Pindus et al. 2000).

However, the experiences of One-Stops that aim to coordinate service delivery between TANF and workforce development service providers suggest that, often, each agency has developed paperwork and information systems that are unique to its data collection needs (Pindus et al. 2000). In some cases, partnering agencies have made efforts to use common forms and paperwork, but differences between agencies in federal and state reporting requirements often preclude them from further coordination (Pindus et al. 2000; and U.S. General Accounting Office 2002a). Without shared information systems, One-Stop centers are not likely to relieve the burden on customers associated with application processes, because customers may still be required to go through lengthy application processes and provide documentation and verification separately for each program. Moreover, at the same time, agency policies that restrict information sharing due to customer confidentiality rules may impede coordination by creating barriers to sharing customer records through information systems—thus making it difficult to discuss and resolve issues related to individual customers (Pindus et al. 2000).

STRATEGIES FOR INCREASING ACCESS TO WORK SUPPORTS THROUGH ONE-STOP CENTERS

Recent research on service integration and participation in work support programs indicates that several strategies may be useful for increasing access to work supports through One-Stop centers. This section discusses the following strategies: (1) developing integrated information systems, (2) providing integrated case management, and (3) using innovative strategies to simplify the application and recertification processes.

Develop information systems that avoid duplication of effort and ease the burden on customers.

One-Stop centers that develop integrated information systems in order to determine eligibility for various programs and to verify customer information can reduce duplication of effort across agencies and ease the burden on customers of applying for multiple work supports. For example, a recent study found that sophisticated information systems can aid the application process for food stamp and Medicaid programs by (1) reducing the burden on customers and staff, and (2) reducing the potential for error on the part of staff (Pavetti et al. 2002). Thus, partner agencies that want to increase program access may also want to develop information systems that either are integrated or interface with one another.

Sophisticated, automated systems that determine eligibility for various programs can help ensure that customer needs are met, even when they are not identified through a thorough needs assessment. One such promising practice is the use of an information system that automatically determines eligibility for all programs for which customers might qualify, without depending on the customers to inform caseworkers of their needs (Pavetti et al. 2002). Subsequently, customers are able to enroll in each of the programs for which the system finds them eligible. Such a system could be particularly beneficial in a One-Stop setting, because caseworkers often are responsible for identifying needs and for linking customers to a broad array of programs and services but face competing demands on their time.

Partnering agencies in One-Stop centers can integrate their information systems so as to automatically identify customers' eligibility for a number of programs and services, all at the same time. The experiences of programs that have fully integrated their eligibility determination systems for the Food Stamp and Medicaid programs demonstrate how sophisticated information management systems can be used to increase access to, and participation in, programs, even when individuals have not sought out the program for which eligibility is determined (Pavetti et al. 2002). For example, some offices have developed their systems in such a way that, when information is entered with which to determine an individual's eligibility for Medicaid, the system will automatically consider that person's eligibility for food stamps, or it may prompt the caseworker to do so.

Another strategy that partnering agencies may use is to allow their information systems to interface with other databases. This strategy would likely work particularly well when full system integration is cost-prohibitive or infeasible due to different reporting requirements, or when partnering agencies wish to supplement an integrated system. For example, some state agencies have allowed their databases to interface with those of departments of vital statistics, labor, and motor vehicles, in order to verify information on customer age, citizenship status, income, and value of assets (Pavetti et al. 2002). Similarly, other states have automated eligibility systems that interface with the child support collection system and the unemployment insurance system; they can determine whether a customer receives income from child support or has experienced recent changes in earnings or employment status, respectively. By sharing access to customer records across agencies, One-Stop partners can reduce the burden on customers of having to verify information multiple times. In this way, agencies can ensure that the benefits of participation in various work support programs outweigh the costs of the application and recertification process.

Provide integrated case management to ensure a more efficient approach to service delivery.

One-Stop centers can use comprehensive needs assessments and integrated case management to provide a more efficient approach to service delivery. Two approaches to integrated case management explored here are (1) training caseworkers to be "generalists," and (2) organizing services by function.

One-Stops that conduct a comprehensive assessment of customer needs at a single access point not only may provide customers with a more seamless approach to service delivery, but also may reduce the frustrations caused by a complex system with numerous overlapping services and requirements. Historically, customers seeking services through multiple agencies have felt frustrated by the challenges of navigating a complex system that has multiple programs, varying access points, and separate intake and assessment procedures for each program (Pindus et al. 2000; and U.S. General Accounting Office 2002b). Families often find it both difficult and confusing to deal with multiple caseworkers; their frustrations could partially be alleviated if caseworkers shared information with one another through regular communication or through effective management information systems (Pavetti et al. 2002). This problem may also be resolved through the use of a "primary case manager" who is responsible for helping customers navigate the system and coordinate service delivery (U.S. General Accounting Office 2002b).

One approach to providing integrated case management is to train caseworkers as generalists, so that they are able to determine eligibility for all the programs offered. Some agencies that have implemented such an approach find that it promotes program participation and may even give caseworkers more time to devote to other responsibilities, such as follow-up phone calls (Pavetti et al. 2002). Training caseworkers at One-Stop centers to be generalists is likely to be difficult, given the broad array of programs and services about which they would need to be knowledgeable. Nonetheless, there is some precedent for this; a One-Stop in Connecticut cross-trains caseworkers to provide both TANF and WIA services (U.S. General Accounting Office 2002b).

As an alternative to training caseworkers to be well versed in all the programs offered through the One-Stop, staff can be organized in groups with representatives from other agencies that provide similar services. In this way, services would be organized according to function, rather than affiliation or funding source. For example, a One-Stop center in Ohio has taken staff from different agencies and created integrated work teams that share common caseloads, goals, and outcomes. These teams use mutually agreed-on protocols for case management (John J. Heldrich Center for Workforce Development 2002). By using this approach, One-Stop partners may, to some extent, be able to avoid the unnecessary duplication of effort that results when multiple service providers conduct interviews with customers only to extract the same information (Pindus et al. 2000).

Use innovative approaches to simplify the application and recertification processes.

The issue of applicant burden is especially relevant when it come to increasing access to benefit programs and other work supports (supports that sometimes require completion of lengthy applications) and for rural settings (where customers face transportation barriers). Research indicates that the customer burden created by application processes for food stamps and Medicaid may discourage eligible applicants from accessing services (McConnell and Ponza 1999; and Pavetti et al. 2002). Application processes typically include mandatory face-to-face interviews with caseworkers, as well as extensive documentation of applicants' personal income and assets (Pavetti et al. 2002). Moreover, because the application processes and documentation requirements for some work supports may require multiple appointments to complete the applications, reducing applicant burden may increase participation in work support programs, especially in rural settings.

Innovative approaches to service delivery that simplify the application process can be used to reduce the burdens of application and periodic certification. Among these strategies are (1) implementing state options and waivers in the FSP; (2) determining eligibility or accepting applications by mail or fax, through call centers, or over the Internet; and (3) developing "common access applications" for use across multiple programs and service providers in One-Stops. Such strategies can minimize the amount of time and money customers have to spend making trips to partner agencies' main offices, especially in rural communities. The strategies may be particularly useful in One-Stop centers where formidable barriers to co-location exist, since they can make it easier for applicants to complete the application or eligibility determination process without necessarily having to meet with an agency representative.

In the case of the FSP, simplification could be achieved through the implementation of various options states have at their disposal. In general, these options fall into one of three categories: (1) granting longer certification periods—that is, the period of time that elapses before recipients are required to reapply for benefits; (2) requiring fewer face-to-face interviews with staff in the local food stamp office; or (3) requiring fewer and less frequent reports of changes in income and circumstances (Rosenbaum 2000).[8] In addition, the Farm Security and Rural Investment Act of 2002 gives states the option of excluding certain types of income that are not counted under the state's TANF or Medicaid programs when determining eligibility for the FSP.

Similarly, the use of technology could allow application and eligibility determination to be conducted through One-Stop centers by making it easier for individuals to complete applications online, through the mail, or over the telephone. On-line applications typically are short so as to reduce the burden of initiating the eligibility determination process (Pavetti et al. 2002). These forms usually can capture enough information to determine whether individuals or households may qualify for a program; typically, however, applicants are required to complete the eligibility determination through a face-to-face interview. Because traveling to these interviews can be burdensome for residents in rural areas, one county in Minnesota is planning to use an innovative approach to technology, by allowing food stamp applicants to conduct their mandatory face-to-face interviews through video telephones stationed at two community-based offices (a university extension office and a local assistance office) (U.S. Department of Agriculture 2003).

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[8] Under the "hardship exemption," states must waive the face-to-face interview if the interview would present a hardship for the applicant. Instead, these applicants are interviewed over the telephone or through visits to their homes (Rosenbaum 2000; see also *Federal Register,* vol. 65, no. 40, p. 10865).

Another strategy that could be particularly useful for One-Stop centers is the development of a "common access application," which would allow individuals to apply for a variety of programs at once. For example, the Georgia Common Access Application was created by a workgroup made up of several state agencies (U.S. Department of Agriculture 2003). The form consolidated a total of 64 pages of individual program applications into an eight-page document that allowed applicants to simultaneously apply for food stamps, Supplemental Security Income, welfare, Medicaid, housing assistance, and the Special Supplemental Nutrition Program for Women, Infants and Children.

CHAPTER III

BACKGROUND ON THE CERC COMMUNITIES

The CERCs were opened in rural communities in which many residents have been employed in manufacturing jobs. Three of the CERCs—in Clarksville, Martinsville, and South Boston—are in southern Virginia, near the border with North Carolina (an area known as Southside Virginia). The fourth, in Marion, lies in the western part of the state. Three CERCs serve a one-county area, whereas Martinsville serves Martinsville City and Henry and Patrick counties (Figure III.1). All of the CERC communities are high poverty areas with poverty rates ranging from 11.7 percent in Henry County to 19.2 percent in Martinsville City (Table III.1).[9] This chapter provides background information on the CERC communities, an overview of plant closings and unemployment rates in the past several years, and a description of the key characteristics and needs of dislocated workers in these areas.

PLANT CLOSINGS AND UNEMPLOYMENT RATES

The CERCs were opened in response to large numbers of layoffs and rising unemployment rates in the CERC communities. Nationally, manufacturing went into a downturn in late summer 2000, and has yet to recover. In March 2001, the U.S. economy slipped into recession. The CERC communities were particularly hard hit by the concentration of plant closings; however, the overall soft labor market meant that there were limited job opportunities elsewhere. In this section, we give an overview of these trends in each community.

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[9] Virginia is the only state that distinguishes independent cities as separate entities from counties. Thus, poverty rates for Martinsville City are reported separately.

Table III.1: Poverty Rates in the CERC Communities

CERC	Service Area	Percent of Residents in Poverty in 1999
Clarksville	Mecklenburg County	15.5
Martinsville	Henry County	11.7
	Patrick County	13.4
	Martinsville City	19.2
South Boston	Halifax County	15.7
Marion	Smyth County	13.3

Source: U.S. Census Bureau, 2000.

All the CERC communities have lost a significant number of jobs, primarily from the closing of textile, furniture manufacturing, and candy production plants.

In all the CERC communities except Clarksville, extensive layoffs from manufacturing jobs began in the late 1990s and were continuing at the time of the site visits in late 2002 and early 2003. In Clarksville, layoffs began in late 2001. Below, we summarize the most significant layoffs in each of the CERC communities:

- ***Clarksville.*** Mecklenburg County lost more than 1,400 jobs in 2001 and 2002. In November 2001, Russell Stover Candies announced the closing of its Clarksville plant. The company laid off 500 workers on December 23, 2001, and an additional 180 workers in 2002. Burlington Industries, a textile manufacturer, laid off about 750 workers in its combing and finishing divisions in 2002.

- ***Martinsville.*** Officials from the Virginia Employment Commission (VEC) estimate that, since 1999, 9,000 workers in the Martinsville area have been displaced due to layoffs and plant closings. The layoffs began when DuPont announced layoffs of 1,000 workers in early 1999, and Pluma, a textile company, announced plans to close its factory and lay off 800 workers in late 1999. In December of that year, Tultex, another textile company, gave just a few days' notice to nearly 1,000 employees that it would close due to bankruptcy. In 2002, V.F. Imagewear closed its plant and laid off more than 3,000 employees. In addition, Basset Furniture, Hooker Furniture, and American Furniture laid off more than 1,000 employees between 2000 and 2002.

- ***South Boston.*** According to VEC officials, Halifax County lost about 2,000 jobs between 1999 and 2002. As in Martinsville, the Tultex bankruptcy resulted in layoffs in late 1999; 350 Tultex workers were laid off from the Tultex plant in Halifax County. In August 2000, J.P. Stevens, another textile company, closed its plant and laid off 350 workers. Burlington Industries laid off 600 workers from its weaving division in 2001. During this time, smaller factories, such as International Industrial Fans, also closed; that factory laid off 50 workers. Finally, the closing of the Russell Stover Candies plant and the Burlington plant in adjacent Mecklenburg County affected some workers who commuted from Halifax.

- ***Marion.*** An estimated 2,380 workers lost their jobs in Smyth County between 1998 and mid-2002, mostly from layoffs in furniture and textile plants. In 2000, Natalie Knitting and U.S. Gypsum closed their plants and laid off 160 and 200 workers, respectively. In 2001, four plants—Lea Industries, American of Martinsville, Utility Trailer, and Titan Wheel Corporation—each laid off over 100 workers. In early 2002, closings and layoffs at the Dana Corporation, Virginia House Furniture, American Furniture, and Springford Knitting precipitated the opening of the CERC.

Unemployment rates in the CERC communities rose in 2001 and 2002, as factories laid off large numbers of employees.

Because of the layoffs in the CERC communities that began in the late 1990s, unemployment rates in the first quarter of 2001 were already high, ranging from 6.9 percent in Clarksville to 9.1 percent in Marion (Figures III.2 to III.5). In contrast, the statewide unemployment rate in Virginia during the same time period was 2.6 percent, much lower than the national unemployment rate of 4.2 percent. In Martinsville and South Boston, unemployment rates began rising in late 2001, reaching a high of 12.7 percent in Martinsville in the second quarter of 2002, and 11.6 percent in South Boston in the fourth quarter of 2001. In Clarksville, after layoffs at Russell Stover Candies, unemployment rose from 7.8 percent in the fourth quarter of 2001 to 12.4 percent in the first quarter of 2001. Unemployment in Marion rose to its highest point of 10.2 percent in the third quarter of 2002, after closings and layoffs at several plants.

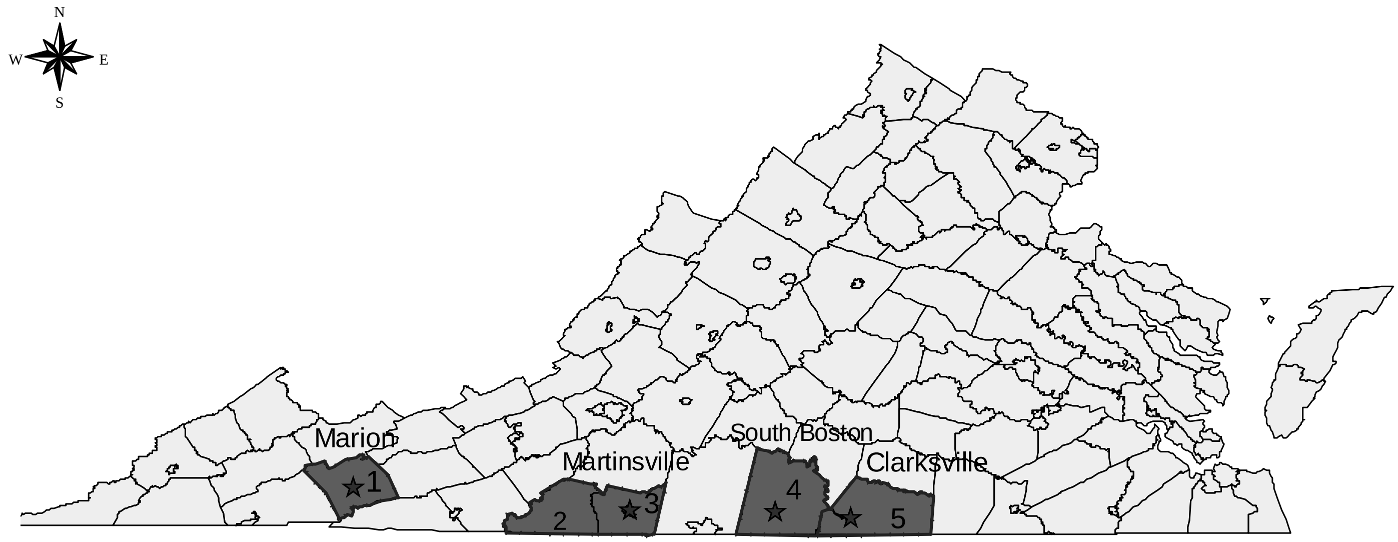
From the first quarter of 2001 through the fourth quarter of 2002, employment in the CERC communities grew somewhat, but did not keep pace with growth in the labor force as more dislocated workers began looking for work. For example, in the Martinsville service area, employment grew by 1.1 percent, but the civilian labor force grew by 5.5 percent (not shown). Likewise, in Mecklenburg County, the service area for the Clarksville CERC, employment grew by 2.3 percent; the size of the civilian labor force increased by 6.7 percent. In contrast, the employment growth statewide was 3 percent during the same period, while the civilian labor force grew by 4 percent.

CHARACTERISTICS OF DISLOCATED WORKERS

VEC staff reported that most CERC customers are dislocated workers from factories that have closed. Some customers are working in low-wage jobs, such as at fast-food restaurants, and want to increase their work hours or find higher-paying jobs; a small proportion have been unemployed on a long-term basis. Most live in the CERC service areas, although some who previously commuted to work from adjacent counties or from North Carolina have sought services at the CERCs. Although the CERCs do not collect information on the household composition of their customers, VEC staff reported that customers came from a range of family types, including two-parent, single-parent, and single-adult families. Staff at the Clarksville and Martinsville CERCs reported that dislocated workers, particularly those laid off from textile plants, predominantly are women.

Figure III.1
CERC Locations and Service Area

Commonwealth of Virginia

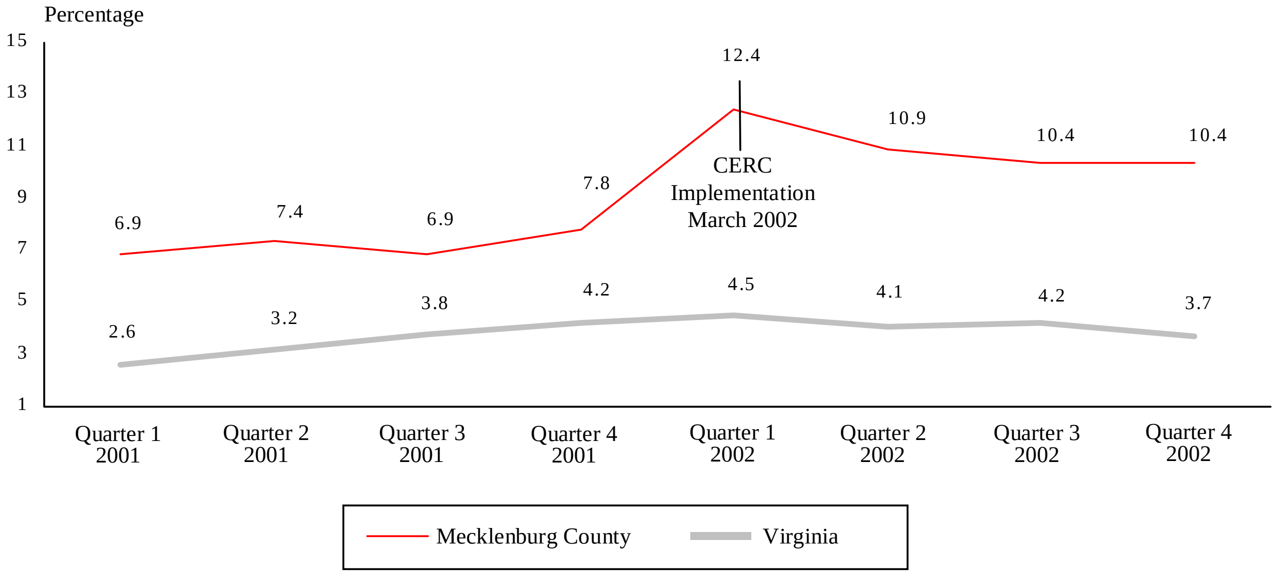

N
W
E
S
Marion
Martinsville
South Boston
Clarksville
1
2
3
4
5

CERC LOCATION	SERVICE AREA	POPULATION	COUNTY LABEL
Marion	Smyth County	33,081	1
Martinsville	Martinsville City	57,930	
	Patrick County	15,416	2
	Henry County	19,407	3
South Boston	Halifax County	37,355	4
Clarksville	Mecklenburg County	32,380	5

Source: Population sizes are from the 2000 Census.

FIGURE III.2

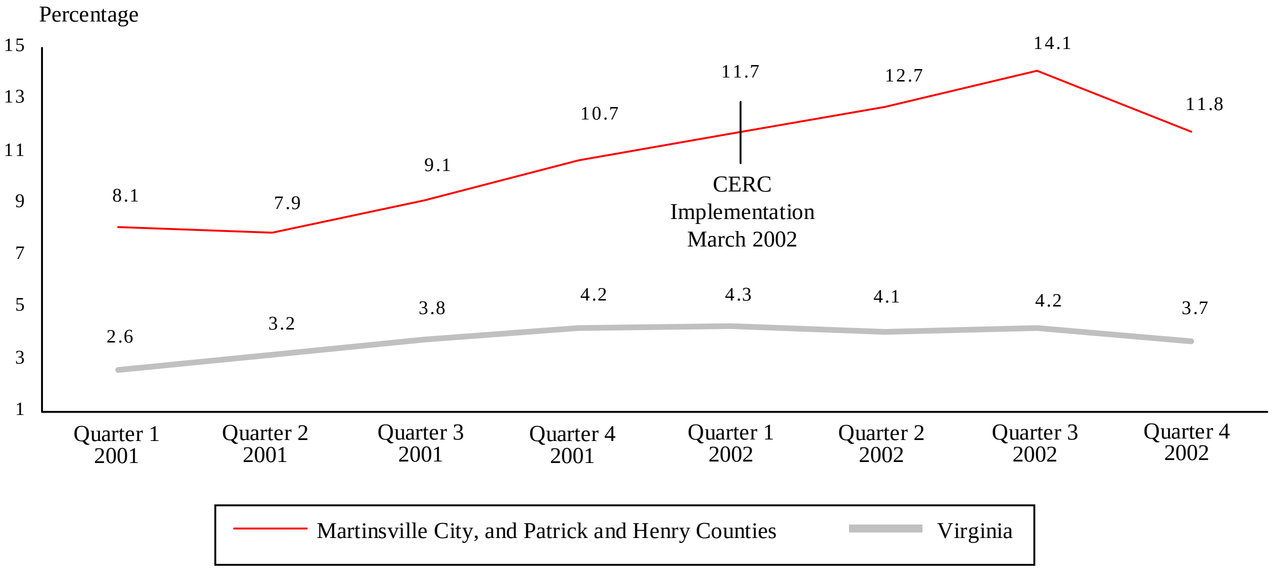
UNEMPLOYMENT RATE, BY QUARTER, CLARKSVILLE



Source: Local Area Unemployment Statistics from the Bureau of Labor Statistics, U.S. Department of Labor.

FIGURE III.3

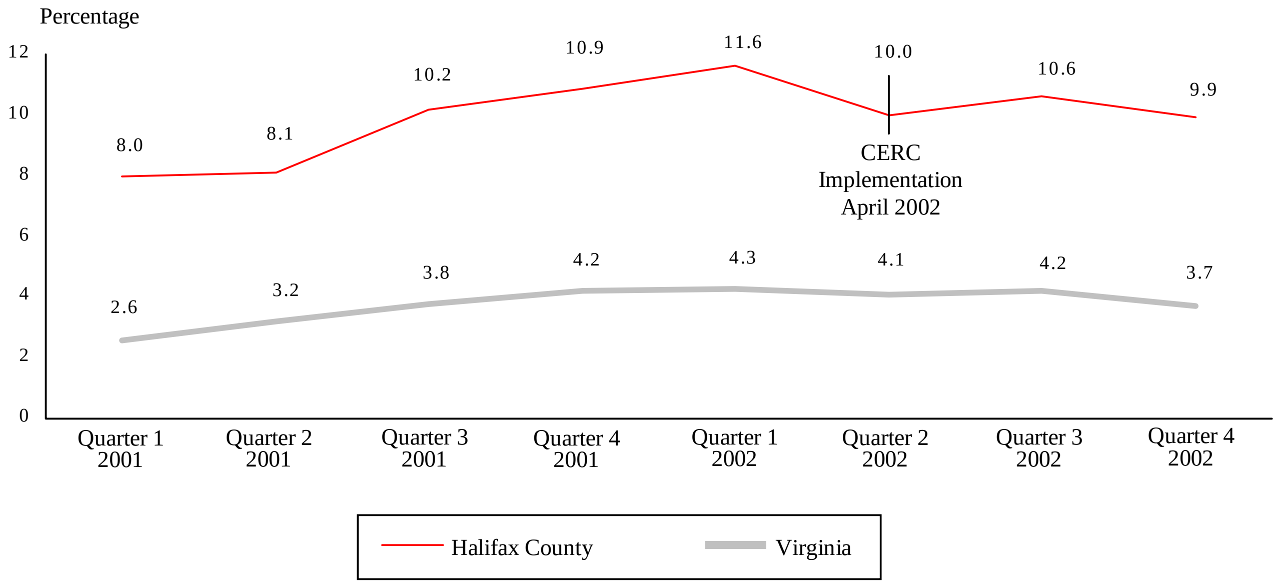
UNEMPLOYMENT RATE, BY QUARTER, MARTINSVILLE



Source: Local Area Unemployment Statistics from the Bureau of Labor Statistics, U.S. Department of Labor.

FIGURE III.4

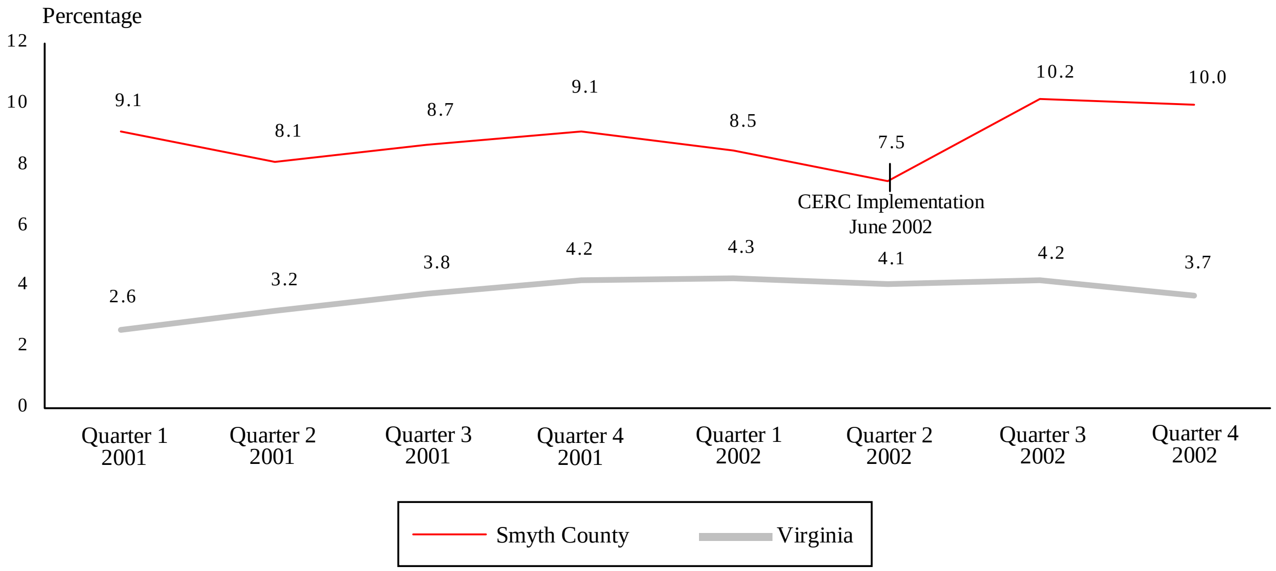
UNEMPLOYMENT RATE, BY QUARTER, SOUTH BOSTON



Source: Local Area Unemployment Statistics from the Bureau of Labor Statistics, U.S. Department of Labor.

FIGURE III.5

UNEMPLOYMENT RATE, BY QUARTER, MARION



Source: Local Area Unemployment Statistics from the Bureau of Labor Statistics, U.S. Department of Labor.

Many dislocated workers in the CERC communities are older workers; most have little work experience beyond jobs in manufacturing and textile plants.

Staff in all the CERCs reported that dislocated workers from textile and apparel ("textile") and furniture plants typically worked in the same jobs for 10 to 20 years, some for as long as 30 years. According to staff, most of these workers have no work experience beyond the factory work they have done, and they come to the CERC hoping to find similar types of jobs. These types of jobs, however, are not readily available in the CERC communities.

With the exception of staff at the Marion CERC, CERC staff reported that dislocated workers range in age from the early 30s to the mid-50s, and that dislocated workers from textile plants predominantly are women over age 40 years. For example, a dislocated-worker survey of former V.F. Imagewear employees in Martinsville found that about 65 percent of workers are over 40; staff estimated that most former Tultex employees are 45 or older. Staff reported that these older workers often felt insecure about seeking employment in a new field or returning to school for retraining. In Marion, staff reported, customers are somewhat younger, typically between 25 and 45 years old.

CERC staff identified several barriers to employment faced by dislocated workers: low levels of education, little work experience beyond factory work, poor job-seeking skills, and, in some cases, lack of transportation.

Across all four CERCs, staff reported that a low education level, especially the lack of a high school diploma or General Equivalency Diploma (GED), was the most significant barrier to employment faced by many dislocated workers. VEC officials explained that most jobs, even in factories, now require that applicants have a high school diploma or GED, even if the applicant has prior experience doing similar work. In addition, workers without these credentials may not be able to enroll in training courses at local community colleges. Staff estimated that the proportion of customers without these credentials is substantial, but less than half of their caseloads. In Clarksville, for example, VEC officials reported that, of the 5,000 job seekers registered with the South Hill VEC's job service (the VEC office in Mecklenburg County), 54 percent have a high school degree or GED, and 17 percent have some postsecondary education. In Mecklenburg County, 68 percent of adult residents have at least a high school diploma or a GED.

CERC staff reported that many dislocated workers lack the skills needed to obtain employment in fields other than sewing or furniture manufacturing. For example, staff said that workers from these industries have very low technical skills, such as proficiency with computers, and that the workers fear using computers and other technologies. Many workers, however, have been willing to enroll in education and training programs to prepare themselves for entering a new employment field. CERC and VEC staff reported that customers often sought training in the medical field (for jobs such as certified nursing assistant, licensed practical nurse, medical transcriber, or billing clerk), information systems technology, business management and administration, human services, and trucking.

In addition to low education and skill levels, staff reported that some dislocated workers lack basic job-seeking skills. For example, some do not know how to conduct a job search or to interview with a potential employer. According to VEC staff, these workers sometimes experience emotional barriers as well, such as fear of looking for a new job or lack of confidence in their own abilities. In addition, staff reported that the long-term unemployed sometimes lack basic work skills, such as the ability to be punctual or to take directions from a supervisor.

Overall, CERC staff reported, transportation is not a major barrier to employment. The absence of public transportation in the CERC service areas may serve as a barrier for those who do not own a car, cannot afford to maintain one (to pay, for example, for gasoline, registration, repairs, and insurance), or will need to commute longer distances to find employment. Across all sites, however, staff thought that most dislocated workers owned cars. Moreover, CERC and partnering agency staff reported that churches and charities have been helpful in transporting customers to appointments with doctors and other service providers. In addition, many customers obtain funds to pay for transportation to attend training through the Workforce Investment Act and Trade Act programs (described in Chapter V).

Staff report that an increasing number of dislocated workers in the CERC communities need emergency assistance and lack access to health care.

At the time of the site visit, many dislocated workers had not yet exhausted their unemployment insurance benefits but were nearing the end of their eligibility. Staff reported that an increasing number of dislocated workers are requesting emergency assistance, such as assistance with utility bills, rent and mortgage payments, and gasoline. Others struggle to make car payments and purchase auto insurance. In every site except South Boston, CERC staff reported an increase in requests for food assistance; CERC and partnering agency staff in all the sites reported an increase in requests for emergency financial assistance.

The local Department of Social Services (DSS) offices in the CERC communities reported an increase in the number of requests for emergency assistance and applications for benefit programs. For example, in Mecklenburg County, DSS reported a sharp increase in applications for benefit programs, including the Food Stamp Program, Temporary Assistance for Needy Families (TANF), and Medicaid—from 10 applications per day before the layoffs began to 30 to 40 per day at the time of the site visit. In Martinsville, DSS reported that across all types of benefit programs, the number of families receiving assistance rose from 8,010 in January 2000 to 10,188 in November 2002. TANF cases increased by 28 percent, food stamp cases by 26 percent, and Medicaid cases by 31 percent. These increases in requests for assistance and applications to DSS benefit programs occurred before the CERCs opened.

CERC and partnering agency staff identified health insurance coverage as one of the most pressing needs of dislocated workers and their families. Most children in dislocated workers' families qualify for Medicaid or Family Access to Medical Insurance Security, Virginia's child health insurance program. However, adults who lose their employer-provided health insurance do not have an alternative source of medical coverage unless they qualify for Medicaid. In particular, service providers reported that many dislocated workers cannot afford to purchase prescription drugs for such chronic conditions as asthma, high blood pressure, diabetes, or depression. Some must choose between purchasing medicine and purchasing food or other necessities.

CHAPTER IV

OVERVIEW OF THE CERC MODEL

Providing services through CERCs represents a new approach to service delivery in Virginia. The state previously had not implemented a service delivery system that aims to offer such a broad range of services in one location. The Workforce Investment Act (WIA) One-Stop career centers are similar, in that a range of service providers are co-located in a single location, but these centers focus almost exclusively on providing employment and training services. With the CERCs, Virginia is attempting to extend the One-Stop concept to the co-location of a much broader array of services, ranging from education and training programs to health care and emergency assistance.

This chapter provides an overview of Virginia's model for the CERCs. We begin by describing the initial goals for the CERCs; we then examine how they were funded and planned. We also describe the two approaches to CERC implementation that have been used, the CERCs' supervision and staffing structure, and the roles of partnering agencies.

GOALS FOR THE CERCs

Governor Warner intended for the CERCs to serve as single points of contact in communities affected by widespread job loss, and thus ensure that residents could obtain information about, and apply for, all available services and benefits in one location. Several officials said that the CERCs were modeled after the approach of the Federal Emergency Management Agency (FEMA), which sets up service centers in which people affected by natural disasters and other emergencies can access a range of federal and state services.

One official from Virginia's Department of Social Services (DSS) said that this One-Stop service center model for the CERCs was chosen because of concerns about two barriers faced by residents of the affected communities. First, because these communities are rural, and in some cases service providers are not centrally located, lack of transportation was seen as a potential barrier to accessing services for some community members. Establishing the CERCs was expected to ensure that customers found the help they needed in a single location. Second, Virginia Economic Strike Force members wanted to make sure that community residents had adequate information about the range of services and benefit programs available to help them. Strike Force members thought that co-locating service providers at the CERCs would (1) facilitate customers' access to information about community resources, and (2) raise customers' awareness of the range of supports available.

State officials reported that, initially, they expected to achieve extensive co-location of services in the CERCs—with staff from various agencies available nearly full time to take applications and determine eligibility for a range of programs. They also expected to provide services in an integrated fashion—by coordinating services for individual families across participating agencies. Local staff also were optimistic that co-location and service integration could be achieved, because the governor was promoting the initiative and because communities showed a great deal of enthusiasm and interest in achieving these goals.

Staff from the Virginia Employment Commission (VEC) shared similar goals. They also noted that the Strike Force had always intended for the CERCs to be temporary. As with FEMA operations, the Strike Force wanted to bring together state and local agencies and resources so they could have a major impact in affected communities soon after layoffs occurred—and then to close the centers once community members were able to apply for the services and benefits that the state and local communities could offer.

PLANNING ACTIVITIES

Planning time for the CERCs was very short, a factor that has limited the ability of state officials to develop operational procedures and systems to promote the integration of services across agencies and providers. Indeed, early in the process, when an additional company announced layoffs in the Clarksville area, the planning process was accelerated, with the goal of opening a CERC in Clarksville within 30 days. Despite the short planning phase, participating agencies at the state and local levels engaged in several important planning activities that enabled them to establish the CERCs and to begin providing services quickly.

The VEC led the CERC planning process in each community.

The VEC took the lead responsibility for coordinating the logistics of opening the CERCs and for operating the CERCs, once they opened. State-level VEC officials coordinated the procurement of office space, furniture, computers, and Internet hookups, as well as other equipment. Staff in the local VEC offices helped identify potential locations for the CERCs and handled logistics locally. For example, they set up mail service, created floor plans for desks and office equipment, and oversaw the installation of computers and telephone lines. In the two CERCs that operate within the VEC's WIA One-Stop career centers, local VEC staff oversaw the renovation of office space needed to create space for partnering agency staff.

CERC and local VEC staff reported that the state provided ample support to the local offices during each phase of a CERC's planning, thus ensuring that all needed supplies and equipment were in place when the CERC opened. Partnering agencies concurred that the CERCs provided all the supplies, computer hookups, and space they needed to serve customers.

The Strike Force served as a forum for coordination among state agencies.

At the state level, the Strike Force coordinated planning activities across agencies. For example, staff from the local DSS offices needed access to the agency's computer database, called the Application Benefits Delivery Automation Project (ADAPT), to determine eligibility on site at the CERCs. This issue was brought to the Strike Force, and plans were developed for installing the computer equipment necessary to make ADAPT available at the CERCs. A state-level liaison at DSS was appointed to coordinate with all parties. Similar issues related to the participation of various state entities were raised and addressed at Strike Force meetings.

FUNDING

One of the most significant difficulties the Strike Force faced during the CERC planning process was obtaining funding to implement and operate the CERCs. No state resources had been allocated to pay for CERC operations. After conducting some initial research about whether the funds could be used, VEC officials decided to use Rapid Response funds from the U.S. Department of Labor, approximately $330,639 from March 2002 through April 2003, to pay the costs associated with opening the CERCs, such as renting office space and installing computer equipment.[10] No funds were available, however, to cover partnering agencies' costs associated with outstationing staff at the CERCs. According to state officials, several partners felt that they should receive reimbursement for staff time contributed to the CERCs. Because the resources of most service providers were already stretched thin in the CERC communities, lack of funds to defray these costs limited some partners' willingness and ability to participate.

APPROACHES TO IMPLEMENTATION

Within the Strike Force, the VEC took lead responsibility for establishing and operating the CERCs and for providing customers with services and referrals. Once the Strike Force decided to open a CERC, state-level VEC officials and local staff worked together to determine where the CERC should be located, and how it should be operated. These decisions were made on a case-by-case basis, after considering the needs of dislocated workers in the community, the capacity of the local VEC office to operate the CERC and house staff from partnering agencies, and the location of key service providers in the CERC's service area. Two types of CERCs have emerged from this process: (1) a satellite office approach, in which the CERC is housed in a separate location from the VEC and serves as a satellite office; and (2) an in-house approach, in which the CERC operates within the local VEC office. The rest of this section describes these approaches.

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[10] The WIA of 1998 requires states to provide Rapid Response Activities after permanent plant closures, mass layoffs, or natural disasters that result in dislocation of workers. Rapid Response Activities aim to help dislocated workers find new employment as soon as possible.

Clarksville and Martinsville implemented the CERCs as satellite offices of the local VEC office.

When the Strike Force began planning for the implementation of the first CERC, in Mecklenburg County, officials decided that it should be located in Clarksville, because both of the plants that closed were located there. The VEC office in Mecklenburg County is located in South Hill, approximately 30 miles from Clarksville. Staff from that office have been responsible for operating the CERC and for coordinating with partnering agencies in the county. The Clarksville CERC is located in a storefront office on the main street of Clarksville.

The VEC took a similar approach in Martinsville. Office space for the CERC was located in nearby Ridgeway, approximately eight miles from the VEC's Martinsville office. Staff from Martinsville have been temporarily outstationed to the CERC to provide services and referrals. Although the Martinsville office is centrally located and accessible to dislocated workers, the CERC was implemented in a separate location, primarily because the Martinsville office lacks sufficient space to house partnering agencies. Due to layoffs in the area, the volume of customers seeking services at the Martinsville CERC has risen substantially; the waiting room has been crowded, and staff needed all the available office space.

In both locations, CERC and partnering agency staff reported that the satellite offices are convenient for customers. In Clarksville, the CERC is especially convenient for customers who live in the western half of Mecklenburg County. Customers who live in or near Clarksville can travel 5 minutes to the CERC, compared with the 40 minutes required to reach the VEC's South Hill office. In Martinsville, site visit participants felt that the CERC was conveniently located and accessible for the majority of dislocated workers in the service area. A few participants, however, thought that the CERC should have been located in Martinsville—that its location in Ridgeway was more convenient for customers who reside in Henry County.

In addition to being conveniently located, the CERCs are convenient for dislocated workers because the volume of customers seeking services is substantially less than at the main VEC offices. As a result, wait times are shorter, and staff thought CERC customers received more personalized attention than did customers at the VEC.

The South Boston and Marion CERCs operate within local VEC offices, which also serve as WIA One-Stop career centers.

Initially, the VEC considered opening the South Boston CERC in a separate location. One potential site was in a shopping center about a mile from the VEC office. However, because the VEC was already operating a WIA One-Stop career center in its office, and other potential sites for the CERC were nearby, the South Boston VEC director recommended operating the CERC out of the VEC office. She felt that this arrangement represented a more efficient use of resources, as the VEC would not have to pay for additional office space, and the South Boston office would not have to outstation any staff at another location. Moreover, partnering agencies that were already sending staff to the One-Stop center probably would not be able to outstation staff at a CERC simultaneously.

In Marion, the VEC director also recommended housing the CERC within the VEC office. Since 2000, the VEC had been operating a WIA One-Stop career center in its Marion office. The director felt that locating the CERC at the VEC would impose less burden on partnering agencies that were already sending staff to the WIA One-Stop. Moreover, several partnering agencies, such as the Smyth County Free Clinic and the Department of Rehabilitative Services, are located across the street from the VEC office; others are located within several miles.

SUPERVISION AND STAFFING

This section examines how the CERCs are managed and staffed. Our focus is on staff provided by the VEC, because they provide most of the services. Participation by partnering agencies is discussed in the next section.

Local VEC directors provide supervision and oversight of the CERCs.

Locally, responsibility for operating the CERCs lies with the VEC office located within the CERC's service area; the local VEC director also serves as the CERC manager. In South Boston and Marion, where the CERC is located within the VEC office, oversight is relatively straightforward and is integrated into the director's oversight of overall office activities.

In Clarksville and Martinsville, where the CERCs are satellite offices of the local VEC offices, the VEC director must manage and oversee the work of both offices. The additional responsibility of managing the CERC has added significantly to the responsibilities of these directors. In Clarksville, the VEC director/CERC manager is not located on site at the CERC on a full-time basis. However, she reports visiting the CERC frequently and maintaining regular contact with the CERC staff by telephone and e-mail. In Martinsville, the VEC director has overall responsibility for managing the CERC; she has delegated responsibility for overseeing day-to-day CERC operations to a VEC supervisor in the Martinsville office. Due to the high volume of work in the Martinsville office, however, this supervisor is not located at the CERC. Nonetheless, she maintains frequent contact with

VEC staff that are on site at the CERC via telephone, interoffice instant messaging, and e-mail. She also visits the CERC at least once every two weeks.

The CERCs are staffed by experienced VEC employees.

In the CERCs that operate as satellite offices, several VEC staff are outstationed at the CERCs, where they provide most of the services to customers directly or through referral to a partner. VEC directors reported that, because CERC staff needed to be able to provide a broad range of services and answer questions about many VEC programs, they found it necessary to assign some of their most experienced staff to the CERCs. Losing these highly skilled staff in the main VEC offices has been a strain on these offices, especially at a time when the volume of customer traffic has increased sharply. In the CERCs that operate within VEC offices, responsibility for serving CERC customers has been spread across most of the office staff. Typically, workforce service representatives (WSRs) staff an intake desk on a rotating basis to determine the reason for customers' visits and to refer them to the appropriate VEC or partnering agency staff. The rest of this section summarizes the staffing arrangements of each of the four CERCs.

Clarksville. The CERC in Clarksville is staffed by two full-time VEC WSRs. Typically, these staff are generalists who can take Unemployment Insurance (UI) claims, register customers for the job service, and provide information about WIA and Trade Act programs. Initially, three WSRs worked full time at the CERC; after several months of low customer traffic, however, the VEC director decided to move one person back to the VEC office in South Hill, the VEC's main location in Mecklenburg County, where customer traffic was high.

One WSR assigned to the Clarksville CERC was a new VEC employee who was hired in March when the CERC opened. The other is an experienced WSR who was redeployed from the South Hill office. The VEC director said that, because learning the guidelines and procedures for UI and other VEC services takes several months, she decided to pair the new employee with one of the most experienced WSRs in South Hill. On rare occasions when South Hill has been short of staff for the CERC, such as when staff are sick or on vacation, she has been able to use experienced staff from the VEC's South Boston or Farmville office. In addition to the new WSR at the CERC, the South Hill office hired four part-time staff after learning of impending layoffs at Russell Stover Candies and Burlington Industries. These staff were hired before plans for the CERC were announced.

Martinsville. In Martinsville, the CERC is staffed by two full-time WSRs and one office services worker who staffs the CERC's resource room, prepares weekly reports about CERC activities, and provides clerical support. As in Clarksville, the VEC director reported that she has had to deploy two of her most experienced staff from the Martinsville office to work at the CERC. New staff could not be hired for these positions, because they would not be familiar enough with the full range of VEC services and programs. Before the CERC opened, some new staff had already been hired in Martinsville in response to the increased volume of dislocated workers seeking VEC services. In addition, the VEC hired several part-time staff to assist in the VEC office after the CERC opened.

South Boston. The VEC office in South Boston has a staff of 17, most of whom are WSRs who can provide help with UI claims, job search, and referrals. When the CERC opened, the VEC office hired one new WSR to help with the anticipated increase in service provision. To manage CERC intake, WSRs take turns staffing an intake desk in the lobby during two-hour shifts. The intake worker determines the purpose of the customer's visit and then refers the customer to the appropriate VEC or partnering agency staff member.

Marion. The Marion VEC office has a full-time staff of six (in addition to the VEC director), most of whom are WSRs. In addition, six part-time staff work on an as-needed basis. When the CERC opened, the VEC office hired two new part-time staff to help with the anticipated increase in requests for services. One is a clerical worker; the other is a WSR.

PARTNERING AGENCIES

In addition to the VEC, Virginia intended to co-locate a wide range of other service providers in the CERCs, including state agencies and community- and faith-based agencies. This section describes how the VEC recruited and coordinated with partnering agencies, as well as the types of agencies that have served as CERC partners.

The Strike Force mandated that state agencies participate in the CERCs, but each agency determined the extent to which it would participate.

Member agencies of the Strike Force, such as DSS and the community college system, were expected to participate in the CERCs as partners. Expectations for the extent of this participation were negotiated during the planning phase. For example, local DSS offices initially were expected to staff the CERCs on a full-time basis, to determine customers' eligibility for various benefit programs. Some DSS staff, however, did not think that demand for DSS services at the CERCs would be sufficient to justify outstationing a full-time worker. One DSS official said that, because many of the CERC customers had recently lost their jobs, most were still receiving UI benefits and/or had assets that made them ineligible for most DSS benefit programs. Moreover, local DSS offices in the CERC communities were already stretched thin, because the number of applicants had increased significantly, but local offices did not have the additional resources to manage the increased workload.

In negotiations between state- and local-level DSS staff, it was agreed that local DSS offices would supply staff to determine eligibility at the CERCs for at least two days a week initially, with the understanding that the DSS presence might be scaled back further if the level of referrals to DSS at a particular site was low. Officials also reported that the DSS offered to be available by telephone to do initial eligibility screenings, and to provide training to CERC staff on basic eligibility criteria for DSS programs. Because local-level DSS staff are city or county, rather than state employees, the state-level DSS agency cannot mandate local participation in the CERCs as the VEC did (local VEC staff are state employees).

The VEC recruited and coordinated with partnering agencies in each community.

At the local level, to gain their cooperation and plan their participation in the CERCs, the VEC took lead responsibility in organizing meetings of staff from the VEC and other partnering agencies. In three of the four communities, an associate commissioner from the VEC convened and participated in on-site meetings with potential partners, including state agencies, community colleges, local government agencies, and nonprofit and faith-based organizations that provide services in the community. The local VEC director convened an initial partner meeting in the fourth community. During these meetings, participants discussed the goals for the CERCs, types of services that could be provided, and the logistics of service co-location. Local VEC office directors followed up with subsequent meetings and negotiations to establish partner schedules and to resolve other logistical issues.

The associate commissioner encouraged the partners in each community to continue these meetings on a regular basis as long as the CERCs continued to operate. At the time of the site visits, only Martinsville was continuing to convene partner meetings on a regular basis. Most of the CERCs held one or two partner meetings after the CERCs opened in order to discuss the referral process and the level of referrals partners were receiving. However, in part because of the logistics of convening staff from partnering agencies, which tended to be dispersed throughout the county, most CERC managers chose to coordinate with partners by telephone on an as-needed basis.

The CERCs include a wide variety of partners.

Across the CERCs, partnering agencies offer a range of services, including employment services, education and training, social services, health and mental health services, and emergency assistance (Table IV.1). For example, Experience Works and several Area Agencies on Aging offer employment and training services to low-income, older workers. Area school districts, adult education programs, and community colleges offer General Equivalency Diploma preparation, adult basic education, and short- and long-term training programs. Social and health services are provided by government agencies, such as the local DSS, and by private organizations, such as the Smyth County Free Clinic. Local churches, charities, and community action agencies provide emergency assistance, such as food or help in paying rent or utility bills.

In the two CERCs located within VEC offices, fewer new partnerships have been forged. The Marion and South Boston VEC offices had established One-Stop career centers in their offices, as required by WIA, before the CERCs were opened. Many of the CERC partners in these two communities were already providing on-site services in the VEC offices, on either a scheduled or an on-call basis. However, the CERCs attracted some new partners, and some on-site partners increased their participation or range of services they offered. One notable addition was DSS, which had not been a mandated partner in the WIA One-Stops, but which became a partner in the CERCs.

Table IV.1: CERC Partners, by Site

Partner	Clarksville	Martinsville	South Boston	Marion
State and Local Public Agencies				
Area Agency on Aging		X	X	X
Department of Health		X		X
Department of Rehabilitative Services		X	X	X
Department of Social Services	X	X	X	X
Office of Child Support Enforcement		X	X	
Adult Education Programs		X		X
Community Colleges				
Patrick Henry Community College		X		
Southside Virginia Community College	X		X	
Virginia Highlands Community College				X
Wytheville Community College				X
Nonprofit Organizations				
Center for Behavioral Health	X			
Piedmont Community Health Services		X		
Experience Works		X		X
Family Access to Medical Insurance Security Outreach Initiatives	X	X	X	X
Family Life Services		X		
Halifax County Community Action			X	
Mountain Community Action Agency				X
People, Inc.				X
Saltville Medical Center				X
Smyth County Free Clinic				X
United Way	X	X		
Faith-Based Organizations				
Area churches	X	X	X	X
Good Samaritan			X	
Lake Country Community Assistance Association	X			
Salvation Army		X		
Smyth County Ministerial Association				X

CHAPTER V

SERVICES PROVIDED BY THE CERCs

To learn how the CERCs operate and to derive lessons that may be useful to future One-Stop initiatives, it is important to understand how the CERCs have been implemented and what services they provide. Officials from the Virginia Employment Commission (VEC) reported that they did not develop standardized procedures for service provision because circumstances in each local community, which varied widely across the CERCs, dictated much of their operations. For example, the types of partnering agencies participating in the CERCs, and their level of participation, vary from community to community. Moreover, officials said that the accelerated planning schedule within the Strike Force did not allow time for in-depth discussion of service integration issues, such as developing common intake forms or tracking systems. Nevertheless, although many procedures and systems have been developed locally, service provision is similar across the four CERCs. This chapter describes the services provided by the CERCs, including their community outreach efforts; services provided by VEC staff who operate the CERCs; and services offered by partnering agencies. Where relevant, we highlight similarities and differences in the services provided across the four sites.

COMMUNITY OUTREACH ACTIVITIES

In each community, state and local officials organized high-profile ribbon-cutting ceremonies to publicize the opening of the CERCs. All of these events were attended by state and local officials; Governor Warner attended the ceremonies in Clarksville and Marion. The local media covered the openings, thus providing the CERCs with considerable publicity. During the initial period of operation, CERC managers reported continued coverage by local newspapers and television and radio stations. In most cases, however, coverage waned after a month or so.

In addition to the publicity generated by the ribbon-cutting ceremonies, the CERCs employed several community outreach strategies. VEC staff tried to inform dislocated workers about the CERCs directly. For example, the VEC sent a letter to all former employees of Russell Stover Candies, inviting them to visit the CERC in Clarksville and informing them of the services available. When layoffs are announced, VEC Rapid Response teams typically provide information and services to workers on site in factories and other workplaces. Staff reported that they provided information about the CERCs during these sessions and encouraged workers to seek services at the CERCs. In addition, several CERCs placed regular public service announcements on local radio stations. Meanwhile, the VEC produced a brochure for each CERC, describing the services offered and including a schedule informing people when each of the partnering agencies would be on site. The Marion CERC, in particular, reported distributing these brochures widely to local churches and other service providers. Finally, each CERC placed a large sign in front of the building that reads "Coordinated Economic Relief Center."

In most CERC communities, VEC and partner staff felt that it would have been helpful to have more publicity on an ongoing basis, such as ongoing weekly advertisements in the local newspapers, to inform the community about the services available. VEC staff in some sites thought that more advertising and outreach by partnering agencies, in addition to outreach conducted by the VEC, could have helped publicize services offered by the CERCs. In South Boston, however, staff reported that, because the volume of customers was already so high at the VEC office (where the CERC is located), they did not feel the need to conduct an extensive outreach campaign to promote the CERC.

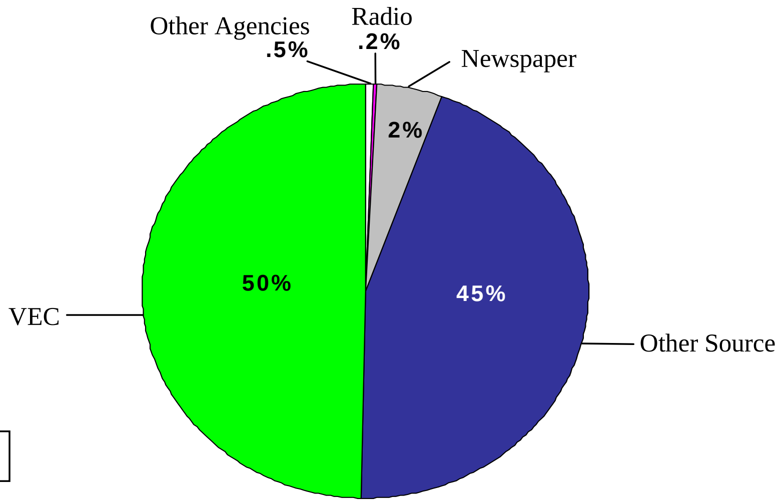
CERC staff in all sites ask customers to complete an initial intake checklist, which includes a question on how they found out about the CERCs. Customer responses suggest that most of them learned about the CERC from the VEC; these responses ranged from 21 percent in South Boston to 81 percent in Martinsville (Figures V.1 to V.4). A substantial percentage reported "another source," ranging from 6 percent in Marion to 45 percent in Clarksville and South Boston. During the site visits, some staff speculated that many customers heard about the CERC by word of mouth, rather than as a result of CERC outreach efforts. Thus, the "other source" reported by some customers could have been a word-of-mouth referral from a family member, friend, or former coworker. Few customers reported that they were referred to the CERC by another service provider. With the exception of Marion, few of them reported learning about the CERC from public service announcements on television or radio, and few learned about the CERC from newspaper articles or advertisements.

SERVICES PROVIDED BY CERC STAFF

This section describes the services provided on site at the CERC by VEC staff. These staff provide core intake and referral services to CERC customers. They also provide the full range of VEC services, including job service registration, job search assistance, and assistance with Unemployment Insurance (UI), Trade Act, and Workforce Investment Act (WIA) services.

FIGURE V.1

PERCENTAGE OF CUSTOMERS WHO LEARNED ABOUT THE CERC FROM VARIOUS REFERRAL SOURCES
CLARKSVILLE

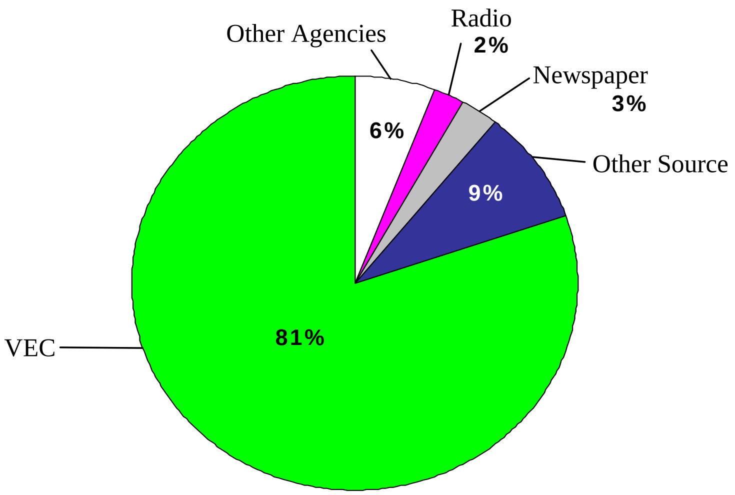


N = 5,683

Note: Sources do not total to 100 percent due to rounding error.

FIGURE V.2

PERCENTAGE OF CUSTOMERS WHO LEARNED ABOUT THE CERC FROM VARIOUS REFERRAL SOURCES
MARTINSVILLE

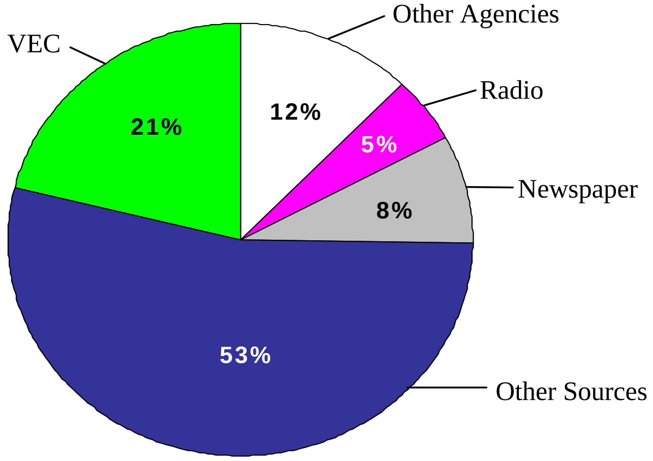


N = 4,291

Note: Sources do not total to 100 percent due to rounding error.

FIGURE V.3

PERCENTAGE OF CUSTOMERS WHO LEARNED ABOUT THE CERC
FROM VARIOUS REFERRAL SOURCES
SOUTH BOSTON

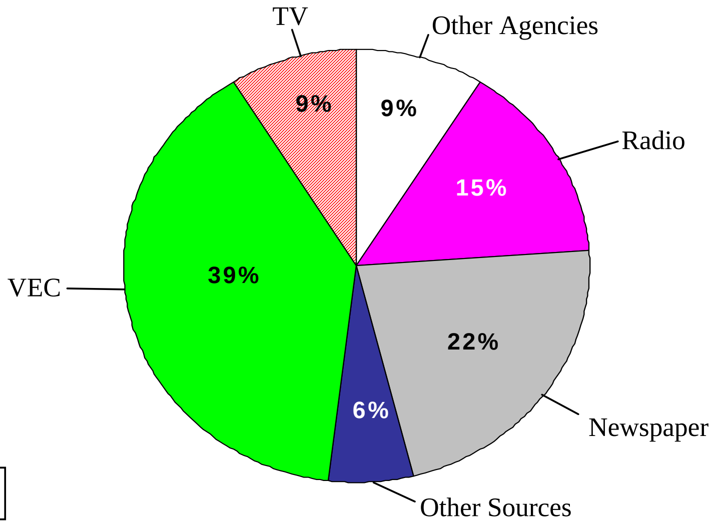


N = 1,412

Note: Sources do not total to 100 percent due to rounding error.

FIGURE V.4

PERCENTAGE OF CUSTOMERS WHO LEARNED ABOUT THE CERC
FROM VARIOUS REFERRAL SOURCES
MARION



N = 1,492

Note: Sources do not total to 100 percent due to rounding error.

VEC staff at the CERCs provide all intake and referral services to CERC customers.

When customers come in to CERC, they meet with a VEC worker at the intake desk who logs them into the computer system and records their name, social security number, referral source, and services sought. In Marion and South Boston, customers are then called in the order in which they arrive in the waiting area for a one-on-one interview with the next available workforce service representative (WSR) or with a representative from a partnering agency, if an appropriate person is on site. In Clarksville and Martinsville, the two VEC staff on-site provide intake for both CERC and VEC services. Typically, as soon as they are logged in, customers are served by VEC staff or are referred to a partnering agency. Customers in Clarksville and Martinsville usually are served in the front room, where other customers may be waiting to be served, but VEC staff will sometimes take them to a private office to discuss issues that are personal or sensitive.

CERC staff members conduct minimal needs assessments. With the exception of the Marion CERC, customers' needs are not routinely assessed at intake, and staff typically do not offer services unless a request is made or unless there is an observable need for specific services. Staff thought that because most dislocated workers have worked and supported themselves for years, and because many have never used any type of government assistance program, asking for help can be difficult and embarrassing. Consequently, because they do not want to stigmatize or offend them, most CERC staff are reluctant to ask customers about their need for services beyond those requested. Instead, they tend to think that customers will learn about the availability of services from information posted in the waiting areas and will request referrals as needed. VEC staff at the Marion CERC, on the other hand, said they consistently ask customers about their needs, regardless of whether customers express needs or request non-VEC services. As in the other sites, intake staff first ask customers to complete a one-page intake form indicating the services and referrals sought. In Marion, however, a WSR then reviews the intake form with the customer and conducts an informal verbal assessment in which the WSR probes about various needs.

Strategies to link customers to non-VEC services range in intensity from providing a directory of service providers to helping customers schedule appointments with partner agencies. Intake staff generally serve as the liaison between customers and partnering agencies by providing customers with information about other service providers and linking them to the appropriate services through appointments and referrals. Once a need has been identified, staff may ask customers to complete a one-page form indicating the services they are interested in receiving and the agencies to which they would like to be referred. Intake workers then refer customers to the appropriate agency representative on site at the CERC, if one is available. If a representative is not on site that day, the intake worker provides the customer with a schedule indicating the days and times the representative will be on site, and suggests that the customer return on the appropriate day or go directly to the agency's main office for more immediate assistance.

Staff then fill out referral forms for customers, which can include a statement of the customer's needs or simply his or her name and social security number, depending on the site. In most cases, staff have customers contact the partnering agency themselves; however, occasionally staff will contact the agencies by telephone and may even schedule appointments for customers. This usually occurred when a customer had an urgent need for such services as emergency food assistance. As an alternative to making referrals, some workers said that they simply provide customers with a directory of community service providers and suggest they call agencies in the directory to get the help they need.

The CERCs do not provide ongoing case management. Due to the high volume of customers served, CERC staff believe it is a more efficient and equitable approach to have customers meet with the next available staff person, rather than to assign a specific case manager to each individual. This is viewed as more efficient, because customers can be seen almost immediately and do not have to wait for a particular case manager to become available. It is considered more equitable because it ensures that all WSRs work with approximately the same number of cases. Moreover, because CERC staff do not coordinate services across providers or provide ongoing case management, assigning customers to specific staff members was considered unnecessary.

VEC staff do not systematically follow up with CERC partners on the outcome of their referrals. In all four CERCs, referral forms that are given to CERC partners provide space for agencies to report back to the VEC on customer outcomes. CERC staff in all sites reported, however, that they usually do not receive completed forms back from their partners. In Marion and South Boston, some WSRs said they made concerted efforts to follow up with partners and customers, to determine whether the customer obtained the service sought, and the outcome of the service.

Partnering agencies in some sites said they could not provide outcome information on specific customers due to confidentiality restrictions. In response to this concern, staff at the Clarksville CERC were attempting to obtain aggregate, rather than individual, reports on CERC customers' outcomes from partnering agencies. For example, the CERC would provide DSS with the names of 10 customers referred from the CERC. DSS would report back that three of them had enrolled in the Food Stamp Program (FSP), and two had enrolled in Temporary Assistance for Needy Families.

Customers can register for the VEC's job service and conduct job search activities in CERC resource rooms.

When a customer comes to any of the four CERCs in search of a job or to file an Unemployment Insurance (UI) claim, intake workers check the VEC's computer system to see whether the person is already registered with the job service. Customers typically are required to register for the job service when they file a UI claim or ask to search the VEC's database of job listings. Customers begin the process by filling out a form and supplying information on their qualifications and the type of work they desire. Once this form is complete, staff register customers by entering the information into the VEC's job service system. Next, staff conduct a computer search of all job orders, to generate a list of jobs that match the customer's qualifications and interests. If the customer is interested in any of the jobs, CERC staff look up additional information on the job order and provide it to the customer. Once customers have registered with the job service, staff notify them by letter when they receive job orders from employers who are a good match with customers' qualifications and interests. Customers can return to the CERC as often as they like to conduct job searches.

Job search is primarily self-directed through the use of "resource rooms." All four of the CERCs provide a resource room in which customers can use computers to search the VEC's database of current job orders or to create resumes. They can also make copies, make telephone calls, and fax resumes to employers. The resource rooms also contain videos and printed materials about creating resumes, conducting job searches, and improving interviewing skills. In addition to the resource room, the lobby of the Marion CERC (also the VEC office) is arranged so that customers have access to information on a broad range of services from the moment they walk in the door. It contains several kiosks and tables with brochures, schedules, and flyers from service providers, educators, and employers. The lobby and the resource room contain computers for those who want to search the VEC's database for jobs that match their interests and skills.

In Martinsville and Marion, VEC staff assigned to the resource rooms provide customers with personal attention and assistance with job searches. These staff members identify customers' qualifications and interests and direct them to various resource books and resume-preparation programs. In Marion, a WSR staffs a help desk in the VEC's lobby. This person can assist customers in registering for the job service and in accessing an online database to conduct their job search. Once customers have compiled a list of job orders that match their interests and skills, they can meet with a WSR to obtain more information about the positions. Similarly, in Martinsville, the VEC office services specialist helps customers with a variety of activities, such as resume preparation, contacting employers, and obtaining driving directions to interview sites using mapping software. At the time of the site visit, the Martinsville CERC was planning to offer in its resource room typing and computer tests (such as for Word, Excel, and Power Point), which are required for some positions. In addition, both resource room staff persons assist customers with computer-based job searches, resume and cover letter preparation, and improving their job interviewing skills. These staff are able to give customers personal attention and to address barriers to employment, such as inability to use a computer.

Customers can receive immediate assistance with UI at all the CERCs.

Customers can file UI claims at the CERCs; this is one of the most commonly sought services in all of the sites. Intake staff can provide customers with information about UI and can answer questions about eligibility, use of the automated UI verification system, and extension of benefits. CERC staff in Clarksville noted that many customers initially have difficulty calling into the verification system, and that they sometimes are confused by the menus or make mistakes in keying in information on the telephone. When this occurs, CERC staff take customers to a private office, call the verification system by speakerphone, and help them enter the required information.

Staff thought that CERCs not housed within the VEC office were providing more personal attention to UI claimants. In all four sites, VEC staff have witnessed an increase in the volume of UI claims in recent years as a result of mass layoffs and plant closings in their service areas. The increase in UI claims has increased the burden for staff, as VEC offices are serving more customers without additional staff or resources. As a result, staff have less time at their disposal to provide personal attention to customers and to identify needs for non-VEC services. Because stand-alone CERCs serve a lower volume of customers than do the main VEC offices, staff at the Clarksville and Martinsville CERCs felt that they had been able to provide more personal attention to UI claimants; for example, they could answer more questions and give a more thorough explanation of how to use the automated reporting system.

Customers can file Trade Act claims at the CERCs and can receive assistance enrolling in education and training programs through the Trade Act.

Trade Act programs provide assistance and services (such as education, training, and some supportive services) to dislocated workers who have become unemployed because of increased imports (Trade Adjustment Assistance), or because of imports from Canada or Mexico or a shift in production to these countries (North American Free Trade Agreement-Transitional Adjustment Assistance).[11] Workers laid off from companies that obtain certification from the U.S. Department of Labor (DOL) under one of these programs qualify for Trade Act programs. Once a worker group has been Trade Act-certified, employees can apply for benefits and services through the VEC. The Marion and South Boston CERCs, both of which are housed in the VEC office, have staff on site who can accept Trade Act claims. In Martinsville and Clarksville, CERC staff are able to provide information and answer questions about Trade Act eligibility and services, as well as schedule appointments for customers to file Trade Act claims at the CERC.

Many of the plants in the four CERC service areas that have closed in recent years are Trade Act-certified. In Marion, most of the textile plants and many of the furniture manufacturers that have closed were able to obtain Trade Act certification, and several others were awaiting a decision about certification as of February 2003. Burlington Industries, formerly one of Clarksville's largest employers, was certified by DOL. Similarly, in South Boston, Tultex, J.P. Stevens, and Burlington Industries were all certified by DOL. Almost all the plants in the Martinsville-Henry County area that have closed in the past few years are Trade Act-certified.

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[11] With the passage of the Trade Adjustment Assistance Reform Act of 2002 in November 2002, the Trade Adjustment Assistance (TAA) and North American Free Trade Act-Transitional Adjustment Assistance (NAFTA-TAA) were merged into a single program. However, most dislocated workers in the CERC communities would have applied for certification before November 2002 under either TAA or NAFTA-TAA.

In three of the four CERCs, customers can enroll in WIA programs and receive ongoing case management from WIA staff.

The WIA combined several federal funding streams for employment and training services to create a more streamlined, flexible workforce development system. Through WIA dislocated worker and disadvantaged adult programs, customers typically receive education, training, and supportive services, such as assistance with transportation and child care. Because WIA does not provide money for living expenses, students sometimes need to obtain additional funding through UI or the Pell Grant. Some customers opt for short-term training programs, such as truck-driving courses, that can be completed before their eligibility for UI ends. In South Boston and Marion, WIA staff are available on site at the CERC to enroll customers. In Clarksville, staff from the VEC's South Hill office come to the CERC periodically to enroll customers in the program. Initially, the Martinsville CERC had four VEC staff on site to enroll customers in WIA and to provide case management. In July 2002, however, Patrick Henry Community College assumed responsibility for providing WIA services. Since that time, WIA case managers have been located at the college.

VEC staff reported that they often enroll customers in both the WIA and Trade Act programs, because WIA can pay for some supportive services that Trade Act programs do not cover. For example, the Trade Act programs do not cover the cost of child care during trainings; but WIA does. Trade Act programs pay for transportation to training only if the training is more than 25 miles from the customer's home. WIA can cover transportation costs for shorter distances. Generally, when customers are eligible for both WIA and Trade Act services, an attempt is made to combine the services available under both programs to better meet customers' needs.

SERVICES PROVIDED BY PARTNERING AGENCIES

This section describes the services that partnering agencies have offered through the CERCs—either on site or through referral—including social services, emergency assistance, education, training, employment services, health insurance enrollment, and free or low-cost medical services. We also examine the extent to which the services provided by partnering agencies have been co-located at the CERCs.

Public, faith-based, and charitable organizations provide social services and emergency assistance through the CERCs.

The Virginia Department of Social Services (DSS) is a partner in each of the CERCs and the main provider of social services. These services include public benefit programs, such as TANF, Food Stamps, and Medicaid, as well as supportive services like child care, transportation, and emergency assistance. DSS also enrolls eligible participants in the Virginia Initiative for Employment Not Welfare program, Virginia's employment program for TANF recipients. In addition, DSS offices in some communities provided limited emergency assistance and referrals to churches and charities for shelter, food, clothing, and help with bill payment.

The extent to which DSS workers can provide a full range of services while on site varies across the CERCs. DSS eligibility workers at the CERCs in Clarksville, Martinsville, and South Boston have access to the agency's databases, computerized applications systems, and eligibility charts. In Clarksville and South Boston, DSS workers are able to take applications for TANF, the FSP, and Medicaid while on site at the CERC. However, they reported that most customers need to take the additional documentation necessary to complete their application to the main DSS office on a later day. In Clarksville, if customers do not have all the documentation an application requires, they can mail it in without having to visit the DSS office. DSS workers in Clarksville will also schedule recertification appointments at the CERC upon request. Initially, the DSS staff at the Martinsville CERC could not take applications; at the time of the site visit, the agency had begun accepting applications at the CERC for fuel assistance, Family Access to Medical Insurance (FAMIS), air-conditioning assistance, and other programs that do not require an in-person interview with an eligibility worker at the main office.

In Clarksville, Martinsville, and South Boston, DSS staff usually visit the CERCs for two half-days a week. The DSS office in Marion outstationed staff at the CERC twice a week for the first two months of operation. They received few referrals, however, and most customers referred by CERC staff requested information only. Moreover, because most customers who wanted to file an application did not have all the documentation necessary to complete it, they often went to the main DSS office to apply for benefit programs. At the time of the site visit, DSS no longer visited the CERC on a regular basis, although staff said they would go to the CERC to take an application if requested.

None of the DSS staff could take applications for supportive services, such as child care or transportation assistance, while on site at the CERCs. They could set up appointments for customers with workers in the services department at DSS. They also provided pamphlets about these services and information on how to apply.

Churches, charitable organizations, and community action agencies typically do not outstation staff to the CERCs, but they are available to receive referrals from the CERCs. Especially in Martinsville, CERC staff reported sending customers to a number of churches for emergency assistance. In South Boston, staff reported referring a substantial number of customers to the local community action agency and a faith-based organization, Good Samaritan, for help with food assistance, rent and utility payments, and other types of emergency services. Typically, these organizations have, at most, two or three staff or volunteers to provide services, and they cannot afford to outstation one of them at the CERC. Moreover, because these organizations tend to provide tangible emergency assistance (such as food, clothing, and shelter), in some cases it is not possible to provide services at a location other than their main office.

Partners provide access to education, training, and employment services that complement VEC services.

Aside from DSS, partners that have been most likely to outstation staff to the CERCS are those that provide education, training, and employment services. Many customers receive funds for education and training through the Trade Act or WIA, so community colleges and other training programs often complement the services provided through the VEC. However, in all the CERCs except South Boston, community college staff reported that they suspended their regular visits to the CERCs after several months because they received few referrals. Community college representatives at the CERCs provided information about courses and financial aid, but customers still had to go to the college campuses to register for classes or to apply for financial aid.

Some community colleges reported adapting their programs to reflect the needs of the dislocated workers in the CERC communities by developing short-term training programs in fields with strong job prospects. In Clarksville, for example, with support from corporate sponsors, the college developed a six-week course in truck driving. College staff reported that most graduates found immediate employment. For workers willing to enroll in longer education programs, the community colleges generally encourage enrollment in fields with high demand for workers, such as information systems technology, business management and administration, human services, and nursing.

In addition to the community colleges, adult education programs offer General Equivalency Diploma preparation courses for dislocated workers who lack a GED or high school degree. For example, in Marion, Mount Rodger Adult Education provides GED preparation classes on site at the CERC.

Training programs offered through initiatives such as Job Corps, the Area Agency on Aging, and Experience Works can offer assistance to special populations of workers who are either younger or older than the average working-age population. For example, staff from Experience Works, which provides community service jobs for low-income older workers, holds weekly workshops at the Martinsville CERC for jobseekers over 40 years of age. In Marion, these agencies did not maintain regular office hours at the CERCs, though they agreed to accept referrals.

The CERCs provide customers with access to health insurance and medical care.

Some dislocated workers with children qualify for Medicaid, which is available through DSS. Other families may have children who qualify for FAMIS, which is Virginia's child health insurance program for low- to moderate-income families that do not qualify for Medicaid but need health insurance coverage. Initially, all of the CERCs had representatives from partnering agencies on-site who could accept applications for FAMIS; however, due to the low volume of customers who wanted to apply and were eligible, these partners decided that it would be more cost-effective to accept referrals instead.

In some sites, CERC partners also provided access to health care for adults. CERC customers often lost their health insurance when they lost their jobs; therefore, many needed access to insurance and free or low-cost medical care. According to the local DSS offices, the majority of CERC customers do not qualify for Medicaid, so they needed to have free or low-cost medical care and prescription drugs available through referrals to partnering agencies. For example, the CERC in Marion referred customers with no health insurance to the Smyth County Free Clinic, located across the street from the CERC.

In Clarksville and Martinsville, partnering agencies offered mental health services when the CERCs opened but discontinued their regular visits after receiving few referrals. In both communities, providers said they would accept referrals or travel to the CERC to meet with customers if requested. In Martinsville, Piedmont Community Health Services also offered two sessions of a workshop, "Coping with Job Loss and Life Changes," led by training counselors.

While the CERCs achieved a moderate level of co-location in the initial months of operation, over time, most partnering agencies discontinued their regular visits to the CERCs.

Initially, a number of partnering agencies outstationed staff at the CERCs for at least a few hours a week; however, many of these partners discontinued these visits after a few weeks or months. Other partners never provided on site services at the CERCs, but they did agree to accept referrals. With the exception of Martinsville, after a few months of operation, most of the partnering agencies that were not already on site as part of the WIA One-Stops discontinued their office hours at the CERCs. Several reasons emerged for the low level of service co-location achieved by the CERCs: resource constraints, low levels of referrals to the partners, and a perception by some partners that co-location was unnecessary or an inefficient use of resources.

Resource constraints limited the ability of partnering agencies to provide services on site at the CERCs. With the exception of Martinsville, the CERCs did not have sufficient space to house all the partners on site at the same time. Instead, each CERC created a partner schedule designed to ensure that all partners had office space at the CERC for one or two days a week. In addition, most partners could not afford to outstation staff at the CERC for more than a few hours a week. Partners reported that sending staff to the CERCs strained their resources at a time when demand for services at their main office had increased and staff were already stretched thin.

Despite the efforts of CERC staff to link customers to needed services, most partnering agencies reported receiving far fewer referrals at the CERCs than anticipated. In some cases, the population of displaced workers coming to the CERCs was somewhat different than the population served by partner agencies, and CERC customers did not necessarily meet the partnering agencies' eligibility criteria. In other cases, customers were not aware that agency services were available at the CERC or were accustomed to seeking these services through the agency's main office. Whatever the reason, partnering agencies found that their staff did not serve many customers at the CERCs, and that the staff often did not have enough to do, whereas their main offices were overloaded with customers seeking services.

Some CERC and partner agency staff said that co-location of some services at the CERC was unnecessary or an inefficient use of resources. Especially in South Boston and Marion, some partnering agencies are located only a short walk or drive from the CERC. Other partners asserted that even though they had staff on site at the CERC, customers were already familiar with their main offices and preferred to go there for services. Some noted that, because the service areas of the CERCs are rural and customers are geographically dispersed, the CERC location may be convenient for some residents, and the main offices of partner agencies more convenient for others.

Moreover, staff from other partnering agencies pointed out that, although staff at the CERC could provide information about the availability of services at their main offices and the eligibility criteria for various programs, in most cases customers still need to travel to other locations to actually apply for or receive the services. Although some agencies, such as DSS, take applications on site, customers often have to return to the main office to complete the application or to provide missing documentation. In addition, if a customer comes to the CERC at a time when staff from the appropriate partner are not on site, they still have to travel to the agency's main office if they need immediate assistance. Because most partners have had staff on site at the CERC for only a few hours a week, the likelihood that a customer would find the appropriate partner on site has been small.

CHAPTER VI

LEVELS AND PATTERNS OF SERVICE USE IN THE CERCs

In addition to learning about the types of services and referrals the CERCs offer, we examined the extent to which customers have received these services. Drawing on counts of customer contacts collected by CERC staff, we begin the chapter by discussing the volume of customer contacts CERC staff have had over time. Next, we discuss the types and levels of referrals CERC staff made to partnering agencies and other community service providers. Data on referrals are drawn from weekly reports, produced by the CERC staff and submitted to the Virginia Employment Commission (VEC), of referrals by agency. We also report on the levels of program participation in DSS benefit programs in the CERC communities.

CONTACTS WITH CERC CUSTOMERS

South Boston and Marion, the CERCs that operate within local VEC offices, reported much higher levels of customer contact relative to the levels in Clarksville and Martinsville, which operate as satellite offices in separate locations. South Boston reported an average of nearly 1,500 face-to-face contacts with walk-in customers per month, and Marion reported nearly 1,200 contacts, on average. In contrast, Clarksville averaged 323 face-to-face contacts per month; Martinsville had an average of 233.

In both types of CERCs, staff counted all walk-in customers and telephone calls as CERC contacts, regardless of the types of services requested. Thus, in South Boston and Marion, staff counted as CERC customers all customers who sought services at the main VEC office. It is likely that many of these customers would have come to the VEC to file Unemployment Insurance (UI) claims, look for employment, or enroll in Workforce Investment Act (WIA) programs, regardless of whether the CERC had been established. It is not possible, however, to determine which of these contacts were with customers who sought CERC services, or how many contacts would have occurred if the CERC had not been there.

In Clarksville, the number of customer contacts was fairly low during the first three months of operation (March through May), averaging slightly more than 11 contacts with walk-in customers per day, or 207 contacts, on average. By July, the number of contacts had increased to 318, and by September, the number had reached 425 (Figure VI.1). During the site visit, some respondents speculated that the volume of customers increased as more community residents found out about the CERC. Most, however, attributed the increase to the fact that many dislocated workers were nearing the end of their UI benefits. In addition, several respondents thought that community residents were initially optimistic that another major company would establish a factory in the area. Thus, many dislocated workers waited some time before deciding to seek services and retraining for other types of jobs.

The volume of customer contacts in Martinsville grew steadily from March through July 2002, until responsibility for administering WIA in Martinsville shifted from the VEC to Patrick Henry Community College. Four WIA case managers had been outstationed by the VEC to the Martinsville CERC on a full-time basis; in July, these staff moved back to the main VEC office. The new WIA case managers met with customers at the college campus, rather than at the CERC. As a result, in-person customer contacts dropped dramatically, from 355 in July to 72 in August (Figure VI.2). According to the CERC staff, when WIA relocated to the community college, many customers thought the CERC had closed. In subsequent months, customer traffic increased somewhat, to about 170 contacts with walk-in customers per month from September 2002 through March 2003.

The patterns of service use have been similar in South Boston and Marion. In both sites, the number of face-to-face contacts with walk-in customers jumped substantially in the second month of operations (Figures VI.3 and VI.4). The VEC director in Marion attributed the increase in customer volume to the publicity surrounding the opening of the CERC and to initial outreach done by the VEC about the services available on site. The VEC director in South Boston attributed the increase, which continued rising for several months, to the county's high unemployment rate and the number of residents seeking to file UI claims or requesting help looking for a job. In both sites, although the volume of contacts with clients has remained high, the number of contacts began to decrease somewhat in early 2003.

REFERRALS TO OTHER SERVICE PROVIDERS

In addition to tracking the number of contacts with CERC customers, the CERCs also tracked the number of referrals they made to partnering agencies and other service providers. This section describes the types and levels of referrals made, examines potential explanations for the relatively low level of referrals to non-VEC services, and reports on the status of efforts to track the outcomes of referrals made by the CERCs.

Almost all referrals made by the CERCs were for employment-related services.

Of 42,810 referrals reported by the CERCs through March 20, 2003, 41,507 were made for employment-related services (Table VI.1). Of those, nearly all were made either to the

VEC—usually for help with UI or job search activities—or to WIA programs. Approximately 1 percent of referrals for employment services were made to other service providers, such as Experience Works, the Area Agency on Aging, Department of Rehabilitative Services, and Job Corps.

Fewer than 1 percent of referrals were for social or emergency services. Across the CERCs, staff made 214 referrals to local offices of the Department of Social Services (DSS), primarily to apply for benefit programs such as the Food Stamp Program (FSP), Medicaid, or Temporary Assistance for Needy Families (TANF). Other referrals were made to community action agencies, charities, and food banks. Although the level of referrals reported here is generally consistent with site visit findings, as discussed in more detail below, inconsistencies in reporting and tracking referrals may have contributed to this pattern of low levels of referrals.

CERC staff also made referrals to adult education programs and community colleges. The Marion CERC, where an adult education program offers General Equivalency Diploma preparation classes on site, made the most referrals to adult education—85 out of 94 referrals. In addition, CERC staff made 127 referrals to various community colleges.

The CERCs made 172 referrals for health-related services. Although many CERC customers reported needing access to health services, according to CERC staff, few community resources were available for adults not eligible for Medicaid. The CERCs made 40 referrals to Family Access to Medical Insurance Security, Virginia's child health insurance program. Twelve referrals were made to the Department of Health; 120 were made to health care providers. Particularly in Marion, CERC staff referred customers who needed health care to the Smyth County Free Clinic, which is located across the street from the CERC.

Several factors may explain the lower-than-expected levels of referrals to non-VEC services, including practices of CERC staff, the needs of CERC customers, and inconsistencies in reporting and tracking referrals.

These low levels of referrals to non-VEC service providers are generally consistent with reports from partner agencies that they received few referrals from the CERCs. In part, the low levels may be due to the practices of CERC staff. For example, in three of the four CERCs, staff said that they did not inquire about customers' needs and did not offer referrals to other service providers unless requested by the customer. CERC staff said that they believed it might offend customers to ask about needs the customers themselves had not mentioned. Moreover, they thought customers would ask for the referrals they needed. Although brochures and other literature about partnering agencies are available in CERC lobbies, customers may not have been aware of the range of services that are available, and thus may not have known to ask for specific referrals. In one site, CERC staff said that, if a customer expressed a need, such as help paying utility bills, but did not request a referral to a specific partnering agency, staff would provide a resource directory and suggest that the customer identify and contact the appropriate service providers.

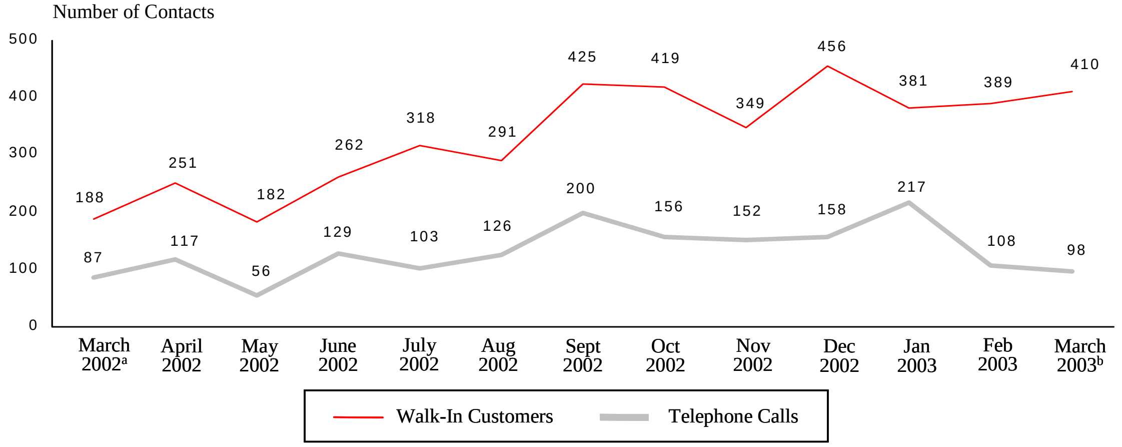
Table VI.1: Total Referrals to Partnering Agencies by CERC, March 2002 Through March 2003

Partner	Clarksville	Martinsville	South Boston	Marion	Total
Employment and Training Services					
Area Agency on Aging		2	7	4	13
Blue Ridge Job Corps	1		9	9	19
Department of Rehabilitative Services	2	6	3	12	23
Experience Works		286	3	3	292
People, Inc.				14	14
Veterans Employment Services			8	111	119
Virginia Employment Commission	4,238	1,472	19,037	12,263	37,010
Workforce Investment Act Program	153	990	2,600	274	4,017
Total Employment and Training	**4,394**	**2,756**	**21,667**	**12,690**	**41,507**
Education Services					
Adult Education Program			9	85	94
Patrick Henry Community College		51			51
Southside Virginia Community College	26		38		64
Virginia Highlands Community College				5	5
Wytheville Community College				7	7
Total Education Services	**26**	**51**	**47**	**97**	**221**
Social Services and Emergency Assistance					
Consumer Credit Counseling				1	1
Department of Social Services	60	13	86	55	214
Information and Referral Center		3			3
Lake Country Community Assistance Association			8		8
Legal Aide Society				1	1
Mountain Community Action Agency				31	31
Mountain Shelter, Inc.				4	4
People, Inc.		20			20
Project Crossroads				2	2
Salvation Army		3			3
Second Harvest Food Bank		1		3	4
Smyth Counseling Center				1	1
United Way/Project Care For	21				21
Total Social Services/Emergency Assistance	**81**	**40**	**94**	**98**	**313**
Health Services					
Department of Health		1		11	12
Family Access to Medical Insurance Security	26	9	2	3	40
Piedmont Community Health Services		32			32
Saltville Medical Center				7	7
Smyth County Free Clinic				81	81
Total Health Services	**26**	**42**	**2**	**102**	**172**
Total Referrals	**4,527**	**2,889**	**21,810**	**12,987**	**42,213**

Source: Virginia Employment Commission, 2003.

FIGURE VI.1

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, CLARKSVILLE



[a] March 2002 includes estimated customer counts beginning on March 12, 2002, the CERC's opening day. The VEC provided a cumulative count of customer contacts in March and April. We prorated these contacts across the two months.

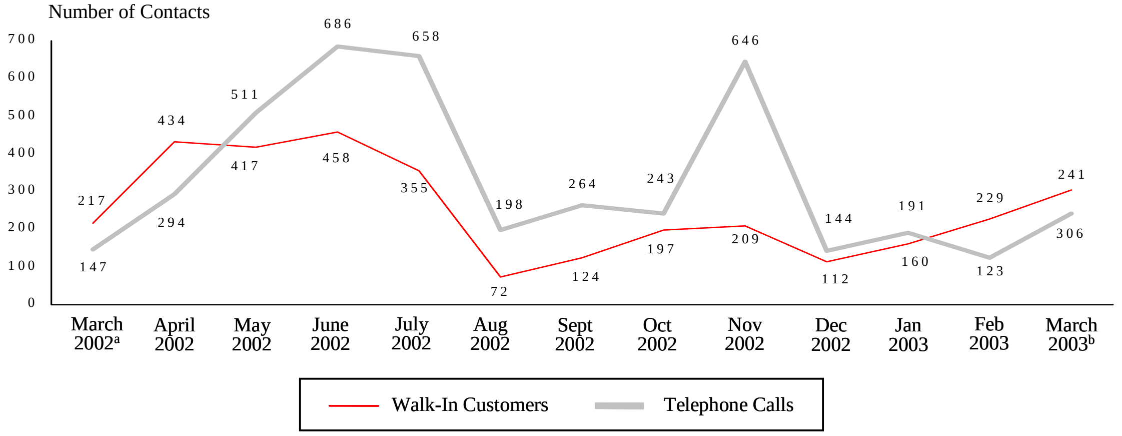
[b] Includes customer counts through March 20, 2003.

Note: These counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.2

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, MARTINSVILLE



[a] March 2002 includes estimated customer counts beginning on March 15, 2002, the CERC's opening day. The VEC provided a cumulative count of customer contacts in March and April. We prorated these contacts across the two months.

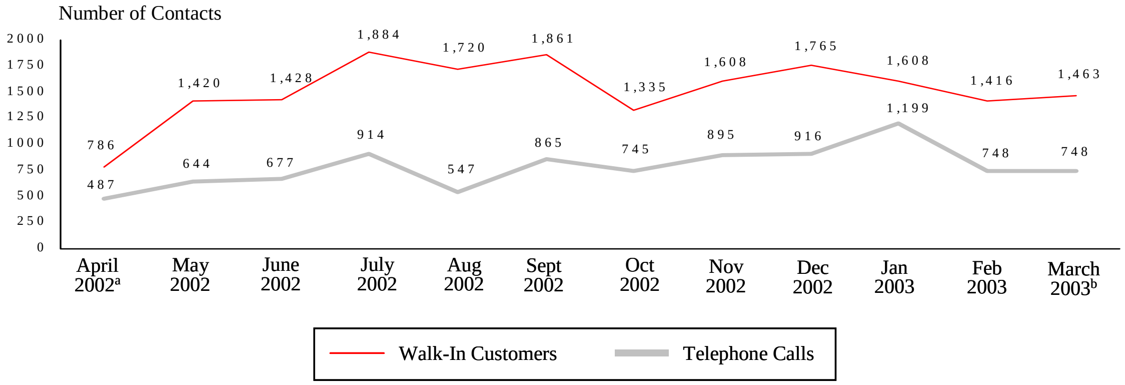
[b] Includes customer counts through March 20, 2003.

Note: These counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.3

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, SOUTH BOSTON



[a] April 2002 includes customer counts beginning on April 10, 2002, the CERC's opening day.

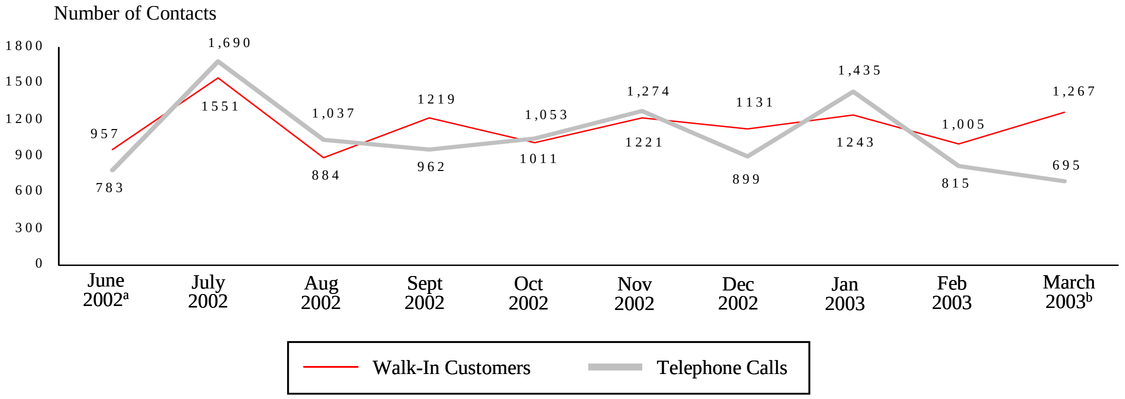
[b] Includes customer counts through March 20, 2003.

Note: The South Boston CERC is located in the VEC's South Boston One-Stop career center. VEC staff do not distinguish between CERC and One-Stop customers. Therefore, counts of CERC customers include all customers who visited or called the One-Stop. In addition, these counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.4

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, MARION



[a] Customer counts are from June 10, 2002, when the CERC opened.

[b] Includes customer counts through March 20, 2003.

Note: The Marion CERC is located in the VEC's Marion One-Stop career center. VEC staff do not distinguish between CERC and One-Stop customers. Therefore, counts of CERC customers include all customers who visited or called the One-Stop. In addition, these counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

Customers' perceptions about their own needs may have been another factor leading to the low level of referrals. CERC staff reported that most customers came to the CERC seeking help with UI benefits and/or employment. Initially, most dislocated workers want to find another job as soon as possible, and at the time of the site visits, many dislocated workers in the CERC communities had not yet exhausted their UI benefits. According to staff, it takes time for customers to recognize that they may need to seek training in a new field to find employment, and that they may need other services, such as food stamps or emergency assistance, until they find employment. As dislocated workers near the end of their UI benefits, they may begin seeking a broader range of services from the CERCs, and thus, the level of referrals to other partnering agencies may rise. Moreover, some partnering agencies thought that most community residents knew where DSS, community colleges, and other service providers were located, and that they would most likely seek assistance directly from a provider rather than go to the CERC.

Finally, although the levels of referrals shown in the VEC's referral data are generally consistent with site visit findings, some reporting problems may have added to the pattern of referrals reported here. CERC staff did not take a consistent approach to recording and tracking referrals. In some sites, if customers asked for a referral to a partnering agency at a time when they were not on site at the CERC, the intake worker would ask them to return on the appropriate day, or to go directly to the partner's main office for immediate assistance. CERC staff did not credit these situations as referrals. Similarly, if CERC staff called partnering agencies to schedule appointments for customers, they did not provide a written referral. Some staff said they sometimes gave customers copies of community resource directories, rather than write referrals. Others reported sending customers to food banks, churches, and local charities for emergency food assistance and other similar services but without counting this type of assistance as a referral because the provider was not listed as a formal CERC partner.

The VEC developed a system to track customers' outcomes, but staff have had difficulty obtaining outcome information for customers referred to non-VEC services.

Because of the short planning time line, the VEC created a system for tracking CERC customer referrals and outcomes that was very limited, and that built on the VEC tracking system already in place. VEC officials asked each agency to develop a list of codes for tracking customer outcomes. For example, codes were created to indicate whether customers referred to DSS enrolled in the FSP, TANF, Medicaid, or other program. According to VEC officials, this tracking system did not work as well as they had expected. The intention had been for staff to enter an outcome for each referral made by the CERC. Although the level of referrals to other service providers proved to be lower than initially expected, partners did not report customer outcomes back to the CERCs as had been anticipated. Over time, the tracking system developed a backlog of referrals with no outcomes entered. Staff at the state level have generated reports of these cases for the local offices, so the offices can follow up with partners to obtain the outcomes. Staff reported that this followup has been time-consuming and has added significantly to the workload of local VEC staff.

PARTICIPATION IN DSS BENEFIT PROGRAMS

The level of participation in benefit programs administered by the Virginia Department of Social Services (DSS) rose in the CERC communities in 2001 and 2002, as factory closings and layoffs increased. In this section, we describe the levels of participation in Temporary Assistance for Needy Families (TANF), the Food Stamp Program (FSP), and the child care assistance program in the CERC communities in 2001 and 2002, based on aggregate monthly counts of program participants provided by DSS. This study was not designed to measure the effects of the CERCs on program participation; thus, we are not able to determine the extent to which increases in participation are due to the CERCs.

TANF caseloads in three of CERC communities rose in 2001 and 2002, ranging from 10 to 21 percent; in Marion, the TANF caseload declined by 8 percent.

In Clarksville, Martinville, and South Boston, TANF caseloads grew substantially between March 2001 and December 2002. Most of this growth occurred prior to implementation of the CERCs in March (Clarksville and Martinsville) and April 2002 (South Boston). For example, in Martinsville, the TANF caseload rose from 406 cases in March 2001 to 491 cases in March 2002, an increase of 21 percent (Figure VI.5). From March 2002 through December 2002, however, the caseload increased less than 1 percent, from 491 to 493 cases. In South Boston, the caseload increased by 13 percent between March 2001 and 2002, and then decreased by 2 percent between April 2002 and December 2002.

In Marion, the TANF caseload declined by 16 percent between March 2001 and June 2002, the month when the CERC opened, from 152 to 127 cases. Between June and December 2002, the caseload increased by 10 percent, to 140 cases.

The FSP caseload increased in all of the CERC communities in 2001 and 2002, ranging from 14 percent in Marion to 23 percent in Clarksville.

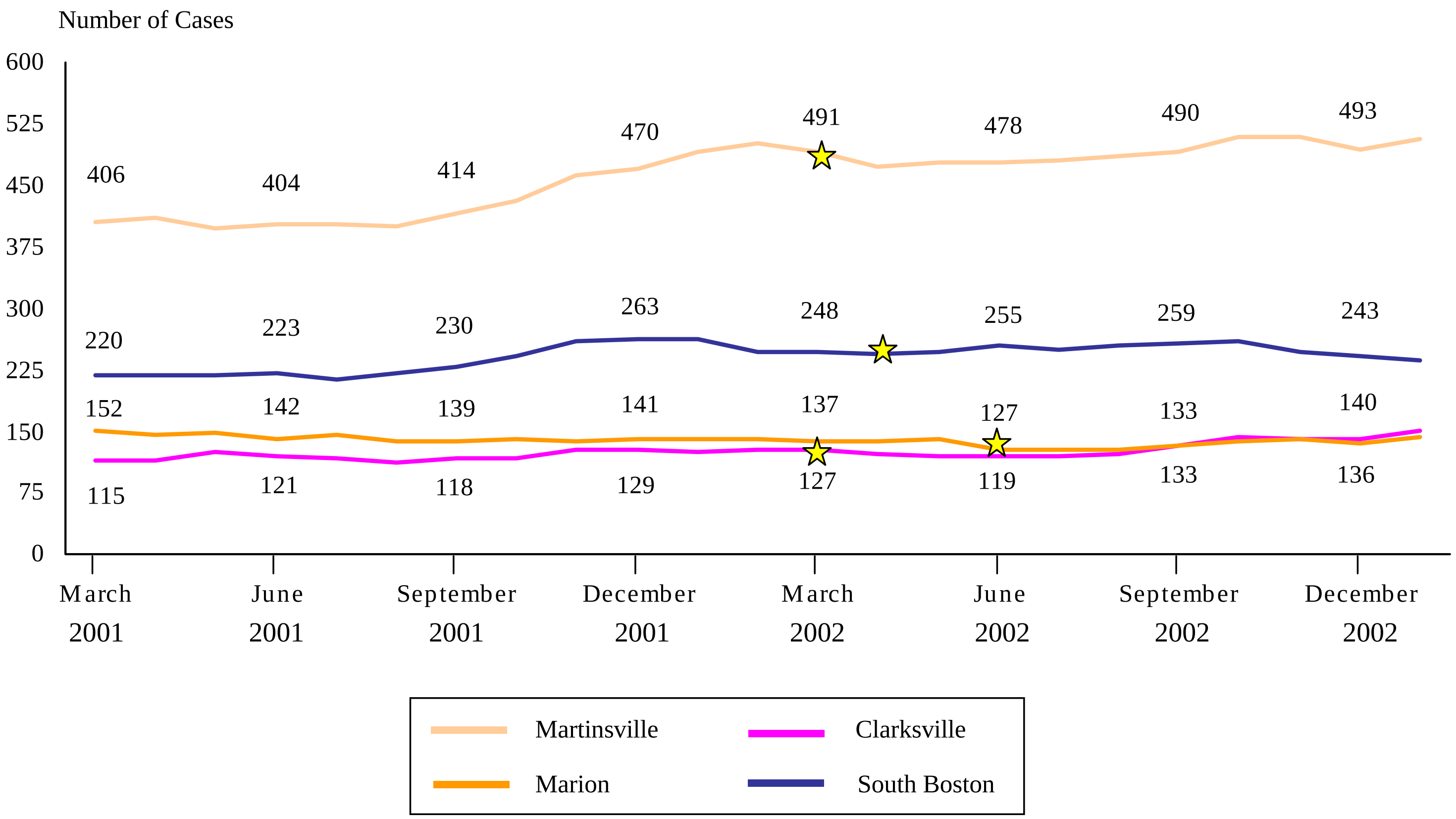
Growth in the FSP caseload followed a similar pattern as that of the TANF caseload, with more of the growth occurring prior to CERC implementation. In Clarksville and Martinsville, FSP caseloads increased by 13 and 12 percent, respectively, before the CERCs opened, and then by 8 percent after CERC implementation (Figure VI.6). In South Boston, the caseload grew by 13 percent before the CERC opened in April 2002, and then by 2 percent between April and December 2002. In contrast, growth in the FSP caseload in Marion accelerated after the CERC opened in June 2002. It grew by 3 percent before CERC implementation, and by 11 percent after implementation.

The number of families receiving state child care subsidies in the CERC communities fluctuated in 2001 and 2002.

The number of families receiving child care assistance in the CERC communities was fairly small in 2001 and 2002. When the CERCs opened, Clarksville had a caseload of 49 families, Martinsville had 182 families, South Boston had 39 families, and Marion had 40 families (Figure VI.7). In Virginia, four types of child care assistance are available for low-income families who need child care while they work: (1) TANF child care for families enrolled in TANF, (2) transitional child care for families in the first year after they leave TANF for employment, (3) fee child care for other low-income, working families, and (4) Head Start wrap-around child care. The fluctuations in levels of participation in child care assistance result, in part, from fluctuations in the availability of funds for families receiving fee child care, rather than in the demand for child care assistance. For example, in Smyth County, the sharp drop in participation in June 2002 is due to a drop in the use of fee child care, from 107 children in May 2002 to 32 children in June 2002, near the end of the funding cycle. In addition, counties sometimes must maintain waiting lists of eligible families who have applied for fee child care when funds are insufficient to serve all of the families who apply. Thus, it is possible that more eligible families have applied for child care assistance, but are not receiving it due to funding limitations.

FIGURE VI.5

NUMBER OF TANF CASES IN THE CERC SERVICE AREAS, BY MONTH

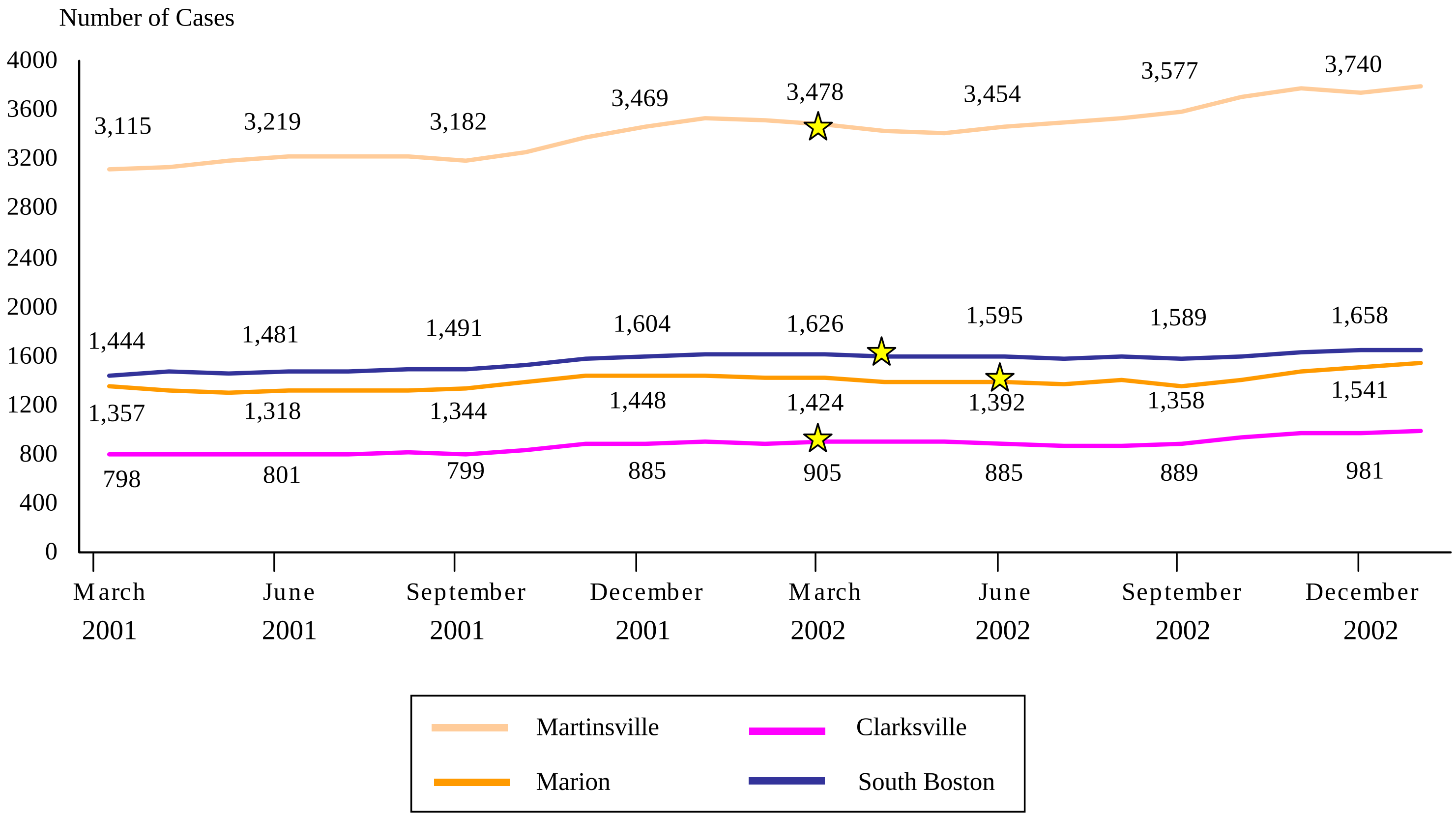


Source: Virginia Department of Social Services, April 2003.

★ indicates date of CERC implementation.

FIGURE VI.6

NUMBER OF FOOD STAMP PROGRAM CASES IN THE CERC SERVICE AREAS, BY MONTH

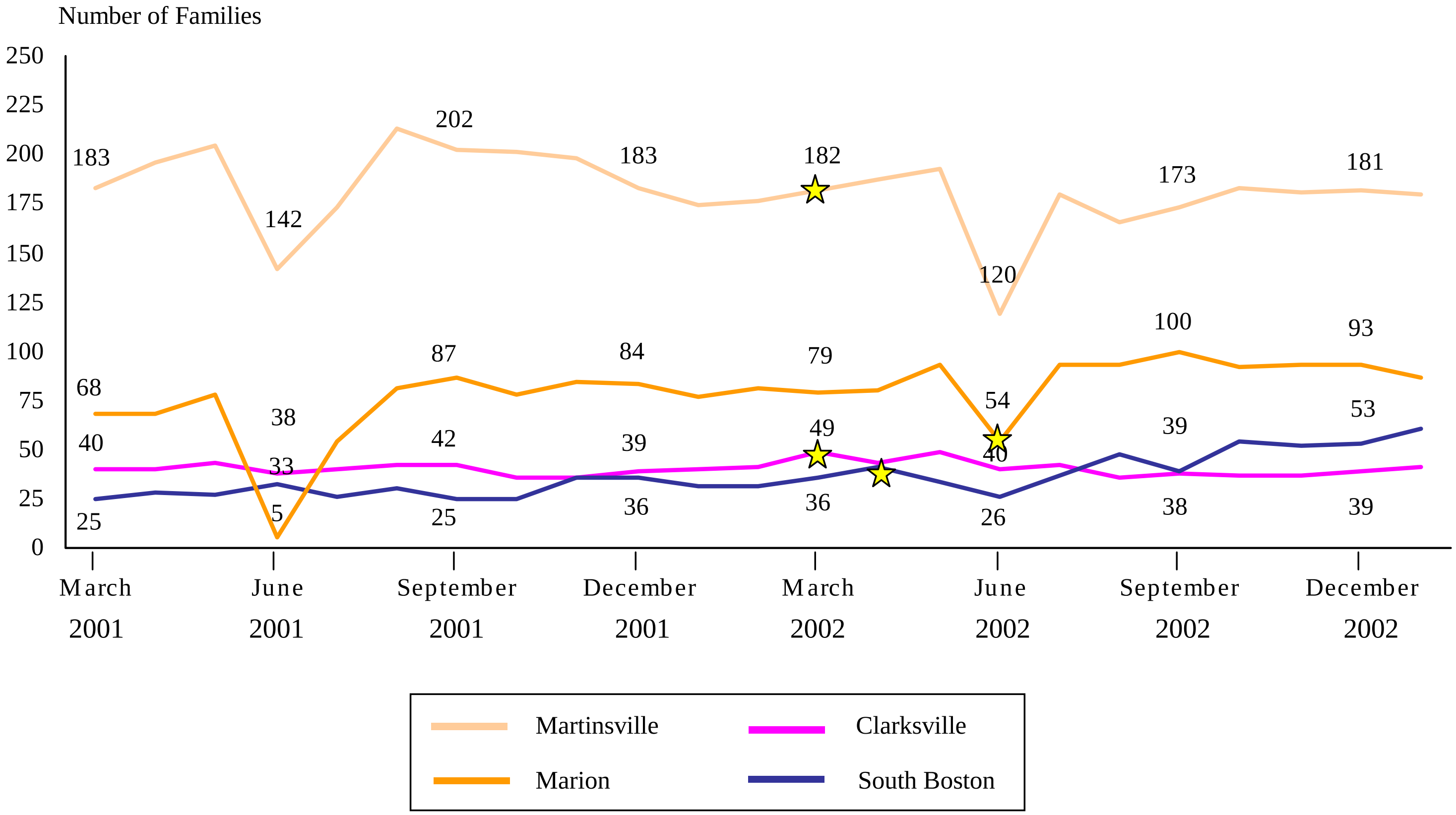


Source: Virginia Department of Social Services, April 2003.

☆ indicates date of CERC implementation.

FIGURE VI.7

NUMBERS OF FAMILIES USING SUBSIDIZED CHILD CARE IN THE CERC SERVICE AREAS, BY MONTH



Source: Virginia Department of Social Services, April 2003.

☆ indicates date of CERC implementation.

CHAPTER VII

SUCCESSES, CHALLENGES, AND LESSONS

The experiences of state officials, local staff of the Virginia Employment Commission (VEC), and partnering agency staff in implementing the CERCs can help guide policymakers and program administrations as they design and implement similar One-Stop initiatives. The current research has focused on examining the implementation and operations of the CERCs. The study was not designed to determine whether the CERCs are effective in increasing access to services. Reflecting this, we did not collect individual-level data on CERC customers, and thus we are not in a position to make overall recommendations regarding whether the CERC model should be adopted more broadly. However, for those who have decided to implement a One-Stop approach to service delivery, we highlight a number of operational lessons from this study that may be useful in designing and implementing similar initiatives.

Lessons from the CERCs are likely to be especially helpful in planning One-Stop initiatives that are located in fairly rural communities, where the volume of customers is likely to be similar to that experienced by the CERCs. In addition, some lessons may be most relevant to One-Stop initiatives that, like the CERCs, are intended to be temporary in nature. In this chapter, we first review successes achieved by the CERCs and the key implementation challenges they faced; we then discuss implementation lessons derived from the study.

SUCCESSES

Through the CERCs, Virginia attempted to implement a new approach to service delivery in which a broad array of services are available in one location. This approach extended beyond the Workforce Investment Act (WIA) One-Stop model to include new partners that typically do not participate in the VEC's One-Stop career centers. For example, all of the CERCs reported providing information about food assistance available from food banks, churches, and community action agencies. In this section, we describe successes experienced by the VEC and partnering agencies as they sought to implement these expanded One-Stops.

The CERCs may have increased access to services for some customers.

- **The CERCs helped customers obtain information about where to find the services they needed.**

Although the level of referrals to other service providers was lower than anticipated, VEC staff believed that the CERCs facilitated access to information about services available in the community. Most service providers were on-site no more than one or two days per week; however, CERC staff were able to connect customers to the services they needed by providing information and community resource guides, referring customers to partnering agencies' main offices, and helping customers make appointments with partners.

- **The CERCs made obtaining services more convenient for some customers.**

State and local officials concurred that the CERCs, especially those in locations separate from the main VEC office, made obtaining services and information more convenient for some customers. Those who lived near the CERCs did not have to travel as far to access VEC services, and they could obtain information about services available through partners. Officials did not agree, however, about whether the CERCs facilitated access to services that customers would not otherwise have received. Some felt that this may have happened. Although the number of referrals was small, officials said that anecdotal information about specific families indicated that some families benefited tremendously from the CERCs. Other officials and CERC staff thought that, while the CERCs made obtaining services more convenient, most customers would have found the same services on their own.

- **Staff in Clarksville and Martinsville, the CERCs that operate as satellite offices, believed they were providing more personalized attention to customers.**

CERC staff and VEC directors felt that customers at these CERCs received better services than they would have received at the main VEC offices. Because the CERCs were not as crowded, staff felt they could spend more time with customers, get to know them better, and provide more personalized attention. In addition, staff thought they provided more referrals and information about other service providers than did staff at the VEC offices. Especially in the Martinsville VEC office, wait times were long relative to the wait times at the CERC; due to the high volume of customers, many services were provided in group sessions, rather than one-on-one.

Participation in the CERCs enhanced community collaboration and increased service providers' knowledge of community resources.

- **The CERCs improved communication and strengthened ties among community service providers.**

CERC and partnering agency staff reported that the CERCs increased the number and nature of partnerships between the VEC and local service providers. A number of service providers, especially faith-based and community-based organizations that had not been involved in the WIA One-Stops, began participating in the CERCs. Staff believed that this growth in partnerships has improved service delivery in the community. Many site visit respondents reported that sharing information about the services each agency provides was the first step toward working more closely together on behalf of customers and communicating more closely about referrals.

- **Participation in the CERC planning process increased service providers' knowledge of community resources and services.**

Although the VEC offices and many CERC partners were participating in WIA One-Stops, many reported that the process of planning and participating in the CERCs increased their awareness of services available in the community. During the planning process, providers shared information about their services, and the VEC produced resource guides for each community that staff from all agencies can use to make referrals. A number of CERC and partnering agency staff reported that, as a result of this information-sharing process, they felt better equipped to link customers to appropriate service providers.

- **The CERCs established closer ties between DSS and the VEC.**

One DSS official felt that successful coordination between the VEC and DSS was a significant, positive outcome, because working together more closely through the CERCs has served to begin integrating traditional DSS customers into the mainstream employment services system. Low-income residents who typically receive services from DSS have become more exposed to WIA and other employment services available through the CERCs and the VEC. The official, citing recent state legislation intended to expand the range of One-Stop partners and to facilitate DSS customers' access to the state's workforce development system, viewed increasing low-income customers' access to the employment services available to dislocated workers as an important goal for the CERCs.

- **Communities in which CERCs were established responded positively and appreciated the effort made to help them.**

Some officials indicated that the overwhelmingly positive response from community residents and local governments is a strong indication that the CERCs were successful. By establishing the Virginia Economic Strike Force and the CERCs, Governor Warner wanted to send these communities a strong message that the state government was aware of the widespread job loss they were experiencing, and that it wanted to do what it could to help. Several respondents felt that this message had been effectively conveyed through the CERCs, and that the CERCs' presence has boosted morale in the community.

CHALLENGES

Although the CERCs achieved some successes in linking customers to services, providing information about community resources, and fostering community collaboration, they have not been able to fully implement the One-Stop model initially envisioned by the state. In most sites, only a few partners that did not already provide on-site services through the WIA One-Stops continued regular visits to the CERC after the first few months of operation. Consequently, customers who requested help from partnering agencies were frequently referred to off-site locations, just as they had been before the CERCs opened. Moreover, resource and time constraints hindered efforts to integrate services across providers. In this section, we describe the main implementation challenges the CERCs faced, including resource constraints, insufficient planning time, and community expectations that exceeded what the CERCs could accomplish.

The CERCs faced resource constraints that hampered efforts to operate them as envisioned, especially efforts to co-locate services.

- **The Strike Force struggled to identify resources that could be used to operate the CERCs.**

The lack of funds to cover the costs of operating the CERCs and of the participation of partners limited the CERCs' ability to achieve the state's goals. Partners could not afford to outstation staff to the CERCs on a full-time basis without additional funding. Most were already facing an increased workload and resource constraints, and they felt they could not afford to lose staff at their main offices. Moreover, three of the four CERCs did not have sufficient space to house staff from more than two partnering agencies at a time.

- **Operating the CERCs increased the workload of VEC staff significantly.**

Especially in sites with separate locations for the CERCs, local VEC directors had to manage satellite offices in addition to their main offices. They also had to coordinate with CERC partners, which often comprised a somewhat different set of partners than those participating in the WIA One-Stop run by the VEC. In addition, maintaining the tracking system, especially following up on customer outcomes, was very time-consuming for line staff. Staff in CERCs operated within VEC offices reported that paperwork and recordkeeping duties increased substantially since the CERCs opened. Moreover, according to state officials, at the same time the CERCs were being implemented, the local VEC offices were facing a sharp increase in their workload; in some offices, the number of Unemployment Insurance (UI) claims doubled.

- **Participating in the CERCs strained the resources of partnering agencies.**

Partnering agencies have been expected to provide services to customers on-site at the CERCs, but they have not received additional resources to cover the cost of doing so. Some agencies reported that staff were already stretched thin at their agencies, which made the loss of staff at their main offices difficult to manage. As described in Chapter V, many partners suspended regular visits to the CERCs after several months of operation.

- **The level of referrals to food assistance programs was low.**

The number of referrals to DSS, which administers the FSP, was low, ranging from 13 referrals in Martinsville to 86 referrals in South Boston. The level of referrals for food assistance made to food banks, churches, and community action agencies was also much lower than anticipated before the CERCs opened. In part, this could be due to inconsistencies in reporting referrals made to agencies that were not co-located on site or were not formal CERC partners. During site visits, CERC staff reported providing information about sources of food assistance in the community when customers expressed a need for help with food.

- **CERC staff in some sites reported that finding resources to meet customers' needs has become increasingly challenging.**

According to CERC and partnering agency staff, the increased demand for emergency services and economic assistance has left some agencies and charities with little or no funding for ongoing assistance with basic needs. Emergency funds that were once available through churches, nonprofits, and local DSS offices have been depleted. In particular, staff in several sites identified prescription drugs and resources to help with housing (for example, mortgage, rent, and utility bills) as areas with significant gaps in services.

Several factors, including constraints on planning time and implementation of recordkeeping systems, have limited the CERCs' capacity to provide integrated services.

- **Planning time was not sufficient for developing plans and procedures to integrate services across providers.**

VEC and DSS officials stressed the importance of having adequate time to plan for service co-location and integration. All of them concurred that planning time for the CERCs was not sufficient for the Strike Force to address such issues as developing common intake and needs assessment tools or an integrated tracking system. These types of tools might have fostered greater communication among providers about customers' needs. In addition, they might have enhanced the referral process and facilitated coordination across providers. More time would have been required, however, to ensure that new tools and systems met the needs of participating agencies, and that it was feasible to implement them.

- **Lack of training for CERC staff, as well as a lack of procedures for conducting needs assessments and making referrals, may have contributed to the low level of referrals to partnering agencies.**

VEC officials reported that, because the CERCs had to be opened so quickly, they were not able to provide training for staff who would work at the CERCs. Moreover, because of the short planning time and differences in implementation across communities, VEC officials said that they could not create standardized procedures for conducting needs assessments or making referrals. In three of the four CERCs, staff said they did not conduct a needs assessment or did not ask customers about needs unless such a discussion was initiated by the customer. Moreover, staff did not report consistent referral practices across or within sites. If an on-site partner was not available for the service requested, staff reported that they often told customers to return on the appropriate day, directed them to the provider's main office, gave them a community resource guide to use in identifying an appropriate service provider, or contacted the provider by telephone to help the customer make an appointment. When CERC staff provided written referrals to partners, most did not include information about customers' needs. Moreover, varying interpretations of rules on sharing confidential customer information across partnering agencies also may have limited information sharing in service integration.

- **Some aspects of the customer tracking system were not fully implemented when the CERCs opened and have not functioned as efficiently as expected.**

VEC staff in Richmond worked to get the tracking system in place as rapidly as possible. However, in part because the CERCs were planned and opened quickly, some aspects of the CERC tracking and outcome reporting system were not in place when most of the CERCs opened. Moreover, local VEC staff reported that their priority was opening CERCs and providing services to the community, rather than focusing on the tracking system. To track customer outcomes, CERC staff asked partnering agencies to report back on the outcomes of customers referred to them from the CERCs. Because this system has not functioned well, the tracking system has accrued a large backlog of customers whose outcomes have not been reported. At the time of the site visit, VEC staff were spending time reviewing electronic records and contacting customers and partners, to identify and record both the services received and the outcome of those services.

In some sites, community expectations exceeded what the CERC could realistically accomplish.

- **Some communities expected the CERCs to promote economic development.**

Officials reported that, while all the communities appreciated the efforts made by the CERCs, in some cases the expectations of community members were unrealistic. For example, one official noted that some communities expected economic development to follow after the CERCs were established. Most officials recognized that what community residents wanted most from the CERCs was jobs. Without new employment opportunities in the CERC communities, however, CERC staff were limited in their ability to help customers find employment.

- **Some customers thought the CERCs would offer services beyond those already available in the community.**

Others expected the CERCs to deliver more services than was possible. A number of site visit respondents noted that, especially in the first month of operation, some customers were frustrated when they learned they could not receive every service on-site. In one site, staff noted that initial press releases about the CERC led some customers to believe they would be able to obtain health insurance and cash assistance payments; however, the customers found that they did not meet the eligibility requirements for Medicaid, FAMIS, UI, or Temporary Assistance for Needy Families. Typically, customers who did not meet eligibility requirements for DSS benefit programs were still receiving UI benefits, had assets that made them ineligible, or did not have minor children.

IMPLEMENTATION LESSONS

This study was designed to examine the implementation and operations of the CERCs, rather than to assess the CERCs' effectiveness. Thus, we cannot report on whether the CERCs increased customers' access to services, nor can we report on customer outcomes. We also cannot make overall recommendations regarding whether the CERC model should be adopted more broadly. We can, however, derive operations lessons from the CERCs' experiences that may be useful to states and communities that have decided to implement similar One-Stop initiatives. In this section, we explore lessons from the CERCs related to co-location of service providers, integrating services, and conducting community outreach.

Lessons for Enhancing Service Co-Location

- **Assess the value of co-locating individual service providers on-site on a case-by-case basis.**

Some CERC partners felt that their presence on-site at the CERCs was not valuable to customers. These partners usually provided information about services offered at another location, but they could not provide services on-site. For example, community colleges could provide information about courses and financial aid, and they could answer questions; however, interested customers had to go to the campus or to an off-campus center to enroll in and attend classes. It was felt that this information could be provided more efficiently through group workshops or pamphlets, rather than by having representatives keep weekly office hours at the CERCs. In some cases, partnering agencies were already located near the CERC and thus were accessible to customers without having to co-locate.

- **Provide resources to cover the cost of co-locating essential services on-site.**

Many site visit respondents thought that allowing customers to apply for partnering agencies' programs and services on-site could be a valuable service for CERC customers. Several said, however, that for the CERC to fulfill its mandate of providing access to a wide range of services in one location, agencies that could accept applications on-site would need to be located at the CERC on a daily basis. Otherwise, customers who requested services would likely need to travel to another location, as they had done before the CERCs opened. Partners reported that, without additional resources, they could not afford to outstation staff at the CERCs for more than a few hours per week.

- **Explore screening tools and resources available through the Internet as alternatives to service co-location.**

DSS officials noted that, since the CERCs opened, DSS has made a new screening tool available on its web site that customers can use to assess whether they are likely to be eligible for a variety of benefit programs. With the availability of this tool, some DSS officials felt that outstationing staff at CERCs was an unnecessary and inefficient use of their resources. They reported that most CERC customers are ineligible for most DSS benefit programs; the customers have too many assets or receive UI. Customers interested in DSS benefit programs could be directed to the screening tool, rather than to a DSS worker at the CERC or the DSS office. Although customers would still have to go to DSS to apply for benefits, they would be able to find out before making the trip whether they were likely to be eligible.

- **Consider establishing CERCs within existing One-Stops, rather than in separate locations.**

Some VEC officials thought that it might have been better to establish all the CERCs within WIA One-Stops, usually operated within the VEC offices, rather than in separate locations. Although separate CERCs have been a convenience to customers, they duplicate services already provided in a nearby location. In some cases, partners must outstation staff to both the CERC and the One-Stop, thus straining limited resources. Managing these centers has led to a sharp increase in the workload of CERC managers and other VEC staff. Moreover, the CERCs in satellite offices have been difficult to close. Although they were always intended to be temporary, community residents oppose their closing.

Lessons for Enhancing Service Integration

- **Devote more planning time to addressing service integration issues, such as developing common forms, referral procedures, and information systems for use by all partners.**

State officials believe they would have been able to integrate services across partners more fully if they had had adequate time to develop common forms and systems, and adequate time to train staff to use them. Several respondents stressed that these issues take significant time and effort to resolve, and that they cannot be resolved quickly.

- **Explore options for creating a customer tracking system that can be updated efficiently, and that can provide timely customer information.**

The CERC tracking system has not been effective because partners have not reported the outcomes of customers referred to them. In addition, the system has led to an increase in the workload for VEC staff, who are responsible for following up on customers to determine outcomes and for entering outcome codes into the tracking system. Some VEC officials thought that an integrated tracking system, in which each partner would be responsible for entering outcomes for customers referred to them, would be a more efficient way to collect outcomes information. Such a system might also encourage more regular followup with customers and facilitate partners' access to updated customer information.

Lessons for Community Outreach

- **Conduct community outreach on an ongoing basis.**

In several communities, CERC staff said that more community outreach about the services offered at the CERCs might have helped to increase participation. CERC staff reported that, although the CERCs received a great deal of publicity when they opened, continued efforts to educate the community about the CERCs would have been helpful. In particular, some CERC staff suggested that partnering agencies could have played a greater role in conducting outreach and educating the community about the services they offered at the CERCs. For example, partners could have displayed CERC brochures in their lobbies, and they could have informed customers about the services obtainable at the CERC. Some staff speculated that referrals to partners might have been higher if community residents had been better informed about CERC services.

- **Communicate clear and realistic expectations about what the CERC can accomplish before it opens.**

In some communities, residents have had what state officials consider to be unrealistic expectations about what the CERCs could accomplish, such as expectations about economic development or new services. Officials stress the importance of communicating a clear message about what customers can realistically expect to obtain from a CERC prior to its opening.

- **Establish a closing date for each CERC before it opens.**

VEC officials reported that some communities have reacted very negatively to attempts to close some of the CERCs. Although data on customer traffic indicate a decline in the use of the CERCs, communities want them to remain open. Communicating a definite closing date at the outset may establish more realistic expectations about the CERCs at the local level. In addition, the commitment and the willingness of partners to outstation staff at the CERCs have waned over time. VEC officials felt that partners might be more willing to commit to participating in the CERCs and to sustaining their participation if they knew there would be a definite end to their commitment. To date, none of the CERCs have been closed.

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APPENDIX A

SITE VISIT PROTOCOLS

CERC MANAGER INTERVIEW

OVERVIEW OF VISIT

Describe the purpose of the visit and answer questions.

Review site visit schedule.

COMMUNITY CONTEXT

Please give us an overview of the timeline of plant closings and layoffs in this community.

What is the history of collaboration among service providers in this community?

- Joint projects?
- Service coordination?
- Other one-stop service centers?

What employment opportunities are available in the community?

- For dislocated workers?
- For other low-income or unemployed adults?

What are the main barriers to employment that CERC customers face?

In addition to employment, what are the most pressing needs of typical CERC customers?

- Are services available through the CERC, or in the community, to address those needs?

To what extent do the needs and challenges faced by CERC customers differ from those of dislocated and unemployed workers in the rest of the state?

CERC PLANNING AND DEVELOPMENT

How long did planning for implementation of the CERC take?

- How long did it take for the CERC to open once the initiative was announced?

Who were the key staff at the local VEC office involved in developing the CERC? What were their roles?

Who were the key players in the community involved in the CERC's planning and development?

- How did they get involved in the initiative?
- What roles did they play?

- Are these key players still involved in the CERC?

What kinds of support did the state provide during the planning and development phase?

- Training or technical assistance?
- Logistical support?
- Staff?
- Funding?

Are there other types of support from the state that would have been helpful?

CERC ORGANIZATION

How is the CERC organized?

- What is the management and supervisory structure?
- Which agency has fiscal responsibility for the CERC?

When did the CERC open?

What are the main services provided within the CERC?

What are the hours of operation?

- Usual wait times for clients?

What is the geographic service area of the CERC?

Have accessible is the CERC for customers?

- How do clients get to the CERC?
- Is public transportation available?
- From what distance does the typical CERC customer travel to reach the office?

Is the CERC located within the VEC office or in a new location? Why?

How many staff work in the CERC?

- From which agencies?
- Has this changed over time?

Is the CERC staffed by new personnel hired to provide CERC services, or by redeployed personnel?

- If so, from which offices?
- After the CERC closes, will redeployed personnel return to their former jobs?

What is the customer flow during a typical week?

- Has the volume of customers increased or decreased over time?
- If so, why?
- How do you manage staffing levels to match customer flow?

FUNDING ARRANGEMENTS

How is the CERC funded?

- By the VEC, or by multiple agencies?
- If by multiple programs, how are costs allocated across programs?
- Across overhead and staff costs?

Did the state provide special funding for the CERCs, or do funds come from existing program budgets?

What are the main costs of operating the CERC?

- Staff?
- Overhead costs such as rent and utilities?
- Equipment?

CERC PARTNERS

Who are the main partners who have participated in the CERC?

- What are the main services that each partner provided?

What non-governmental organizations have participated in the CERC?

Do CERC partners contribute in-kind to the CERC?

- For example, do they provide staff or equipment?

To what extent are the services offered by partners integrated?

Recruitment

How were these partners recruited?

- How did partners find out about the opportunity to participate in the CERC?

Once potential partners were recruited, was there a selection process, or were all interested organizations included?

Coordination

What systems are in place to facilitate coordination across participating service providers?

- Do participating providers have regular meetings?
- Produce regular reports?
- Share electronic data?

How do participating service providers communicate across programs?

- Exchange referrals?
- Information about customer needs?

Do participating service providers use common application or other forms?

- Automated case management systems?
- Shared electronic data?

Do participating service providers report on follow up and customer outcomes? How?

COMMUNITY OUTREACH

Has the CERC conducted community outreach to potential customers, employers, service providers?

- TV, radio, newspapers?
- Outreach to other organizations?

What information is disseminated in the community about the availability of services, technical assistance providers, and economic development grants through the CERCs?

Have you conducted outreach to reduce the stigma associated with applying for benefits and services?

- For example, have you marketed food assistance and other economic assistance offered at the CERC as work supports?

Has the CERC developed working relationships with area employers?

- How does the CERC inform employers about the types of assistance and services offered?

SUPPORT FROM THE STATE

What kinds of support has the state provided to the CERC on an ongoing basis?

- Training or technical assistance?
- Logistical support?
- Staff?
- Other resources?

LESSONS

What are the main successes of the CERC?

- Customer outcomes?
- Coordination across service providers?
- Rapid start-up?
- Convenience and accessibility?
- Service co-location? Service integration?
- Other?

What has been most challenging about operating the CERC?

- Recruitment of partners?
- Coordination across partners?
- Information sharing?
- Start-up time?
- Sufficient resources?
- Other operational difficulties?

What strategies have you tried for overcoming those challenges?

Were the resources available to operate the CERC sufficient to meet the CERC's goals?

- If not, what was lacking?
- Were facilities, equipment, and staff for the CERC sufficient?

How useful do you think the CERC has been for customers?

- Is it more convenient?
- Are services more accessible?

Do you think customers accessed services they would not otherwise have received if they were not co-located in the CERC?

Has service co-location enhanced case management? In what way?

If you could, would you want to continue operating the CERC on a longer-term basis?

- Why or why not?

If you could change any aspect of the CERC, what would you change?

- Do you have other recommendations for improvement?

Would waivers of any specific requirements of federal or state programs have improved the CERC's ability to serve customers?

- Do you have suggestions for ways that federal and state programs could better support the mission of the CERCs?

Would training, technical assistance, or other resources have helped you implement the CERC more successfully?

- If yes, what would have helped?

Are there any services that would be helpful to have in CERC that are not available?

What advice would you give to other states and communities that are considering implementing similar initiatives?

Documents to request:

Newspaper articles about the CERC
Brochures and other community outreach literature
Intake, assessment, and referral forms
Procedure manuals

CERC SUPERVISOR INTERVIEW

INTRODUCTION

Describe the purpose of the visit and answer questions.

Tell me about your job as CERC supervisor.

- What are your primary responsibilities?
- Describe the flow of your daily activities.

OVERVIEW OF CERC OPERATIONS

Describe the services provided at the CERC.

- Intake
- Assessment
- Referral to various services (please list)
- Resource room
- Group orientations and workshops
- VEC/WIA services
- Other

Which services are provided most often?

How many customers does the CERC serve in a typical week?

- Has this changed over time?

How long does a typical customer receive services?

CERC STAFFING AND SUPERVISION

How many staff work at the CERC?

- How many are VEC staff?
- How many are staff from other agencies? Which ones?
- Are the CERC staff new hires, or were staff redeployed from other positions? Which positions?
- What are the qualifications of CERC staff?

Has staffing changed over time?

- If so, why?

Describe the main responsibilities of each position.

Have staff received special training or technical assistance in providing CERC services?

What is the CERC's supervisory and reporting structure?

- How are staff supervised across agencies?

CERC PARTNERS

Who are the main partners who have participated in the CERC?

- What are the main services that each partner provides?
- Which services do you think are most useful for customers?

Which partners receive the most referrals from intake workers or case managers?

Do customers request referrals to some partners more frequently than others?

What systems are in place to facilitate coordination across participating service providers?

- Do participating providers have regular meetings? If so, which staff attend?
- Produce regular reports?
- Share electronic data?

How do participating service providers communicate across programs?

- Exchange referrals?
- Information about customer needs?

Do participating service providers use common application or other forms?

- Automated case management systems?
- Shared electronic data?

Do participating service providers report to the CERC on follow up and customer outcomes? How?

CASE MANAGEMENT

Describe the CERC's case management system.
How are clients assigned to case managers?

What information do staff collect at initial intake?

- How is this information shared with CERC partners?

How are customers informed about the benefits and services available to them and about application processes?

- Do family characteristics influence the types of services offered? If so, which ones?
- Do TANF time limits influence the types of services offered?
- Do UI benefits influence the types of services offered?
- How do intake workers present food and other economic assistance programs to reduce stigma? Are they marketed as work supports?

Do customers receive all services through a single case manager?

- After referrals are made to other service providers?
- Before and after employment?

Once customers are approved for specific services, do they receive ongoing case management through the CERC or through another agency?

- Do they continue to receive services at the CERC office, or at another location?

How do CERC staff follow up on referrals?

- What type of follow up information do you collect?

How do you track customer outcomes?

- Which outcomes do you track? Employment? Service receipt?

Has the CERC set specific performance goals for service provision or customer outcomes?

- If so, what are they?
- Has the CERC met these goals?

WORKING WITH EMPLOYERS

Has the CERC developed working relationships with area employers?

What services does the CERC provide to employers?

How does the CERC inform employers about the types of assistance and services offered?

EXPERIENCES WORKING IN THE CERC

Prior to supervising the CERC, what was your position?

What are the similarities and differences between the responsibilities of your previous position and your current position as CERC supervisor?

Have you received any training or technical assistance to support your in your job as CERC supervisor?

- If so, what types of training and technical assistance?
- How helpful was it?
- Are there other types of training and support that would be helpful?

LESSONS

What are the main successes of the CERC?

- Customer outcomes?
- Coordination across service providers?
- Rapid start-up?
- Convenience and accessibility?
- Service co-location? Service integration?
- Other?

What has been most challenging about operating the CERC?

- Recruitment of partners?
- Coordination across partners?
- Information sharing?
- Start-up time?
- Sufficient resources?
- Other operational difficulties?

What strategies have you tried for overcoming those challenges?

Were the resources available to operate the CERC sufficient to meet the CERC's goals?

- If not, what was lacking?
- Were facilities, equipment, and staff for the CERC sufficient?

How useful do you think the CERC has been for customers?

- Is it more convenient?
- Are services more accessible?

Do you think customers accessed services they would not otherwise have received if they were not co-located in the CERC?

Has co-location of services enhanced case management? If so, how?

Has co-location of services reduced stigma associated with applying for food or other economic assistance? How?

If you could, would you want to continue operating the CERC on a longer-term basis?

- Why or why not?

If you could change any aspect of the CERC, what would you change?

- Do you have other recommendations for improvement?

Would waivers of any specific requirements of federal or state programs have improved the CERC's ability to serve customers?

- Do you have suggestions for ways that federal and state programs could better support the mission of the CERCs?

Would training, technical assistance, or other resources have helped you implement the CERC more successfully?

- If yes, what would have helped?

Are there any services that would be helpful to have in the CERC that are not available?

What advice would you give to other states and communities that are considering implementing similar initiatives?

CERC INTAKE WORKER INTERVIEW

INTRODUCTION

Describe the purpose of the visit and answer questions.

Tell me about your job as CERC case manager.

- What are your primary responsibilities?

CUSTOMER CHARACTERISTICS

Tell me about the customers you serve.

- Socioeconomic characteristics?
- Families with children?
- Families on TANF?
- Dislocated workers?
- Other low-income families?

What are the main barriers to employment that CERC customers face?

In addition to employment, what are the most pressing needs of typical CERC customers?

- Are services available through the CERC, or in the community, to address those needs?

How do customers find out about the CERC?

From what distances do customers travel to get to the CERC?

- What kinds of transportation do typical customers use to get to the CERC?
- Is public transportation available?

CASE MANAGEMENT

Please describe your first meeting with a customer.

- Is it usually an individual meeting or a group meeting?
- What topics do you cover?
- How long does the first meeting usually last?

How do you assess customers' needs?

- Is this done during your first meeting with a customer?

- What assessment tools do you use?
- How do you use the results of these assessments?
- Do you share the results with other CERC partners?
- How effective do you think the assessment process is at identifying and understanding customers' needs?
- Do you have suggestions for how the assessment process could be improved?

Do you develop service plans with customers?

- If yes, when is this done?
- What does the plan contain? Goals? Services? Timelines?
- How is the customer involved in developing the service plan?
- Is this plan shared with other CERC partners?

How are customers informed about the benefits and services available to them and about application processes?

- How do you decide which services to offer customers?
- Do family characteristics influence the types of services offered? If so, which ones?
- Do TANF time limits influence the types of services offered?
- How do intake workers present food and other economic assistance programs to reduce stigma? Are they marketed as work supports?

Do customers receive all services through you or do they work with other case managers as well?

- After referrals are made to other service providers?
- Before and after employment?

Once customers are approved for specific services, do they receive ongoing case management through the CERC or through another agency?

- Do they continue to receive services at the CERC office, or at another location?

How do CERC staff follow up on referrals?

- What type of follow up information do you collect?

How do you track customer outcomes?

- Which outcomes do you track? Employment? Service receipt?

Does the CERC have any performance goals for service provision or customer outcomes?

- If so, why are they?
- What progress have you made toward meeting those goals?

WORKING WITH PARTNERS

Who are the main partners that you refer customers to?

- What services do they provide?
- Which services do you think are most useful for customers?

Do customers request referrals to some partners more frequently than others?

How do you share information about customers' needs with partners?

- Do you exchange referrals?
- Do you share intake forms or electronic information about customers?

Do CERC partners use any common application or other forms to facilitate information sharing?

What systems are in place to help you coordinate services with partners?

- Do you have regular meetings with partners? If so, which staff do you meet with?
- Do you exchange regular reports on customers' progress?
- Do you share electronic data?

Do partners report back to the CERC on follow up and customer outcomes?

- If so, in what form? Electronic? Paper?
- How long do they report on customers' status?

WORKING WITH EMPLOYERS

Have you developed working relationships with area employers to place customers in jobs?

What services do you provide to employers?

How do you inform employers about the types of assistance and services the CERC offers?

EXPERIENCES WORKING IN THE CERC

How many active cases do you typically have?

- How many customers do you see in a typical day? A typical week?
- Has this changed over time?

How often are you typically in contact with customers and under what circumstances?

- Does this vary according to customer needs?
- Are most contacts made in the office, by telephone, other?

How long do you work with a typical customer?

Do you feel like you have a good handle on your caseload and the needs of your customers?

How much of your time is spent on paperwork versus working directly with customers?

- Do you have enough time to meet with customers?

Prior to working at the CERC, what position did you have?

- What are the similarities and differences between the responsibilities of your previous position and your current position at the CERC?

Have you received any training or technical assistance to support you in your job at the CERC?

- If so, what type of training or technical assistance?
- How helpful was it?
- Are there other types of training or support that would be helpful?

LESSONS

What are the main successes of the CERC?

- Customer outcomes?
- Coordination across service providers?
- Rapid start-up?
- Convenience and accessibility?
- Service co-location? Service integration?
- Other?

What has been most challenging about operating the CERC?

- Recruitment of partners?
- Coordination across partners?

- Information sharing?
- Start-up time?
- Sufficient resources?
- Other operational difficulties?

What strategies have you tried for overcoming those challenges?

How useful do you think the CERC has been for customers?

- Is it more convenient?
- Are services more accessible?

Do you think customers accessed services they would not otherwise have received if they were not co-located in the CERC?

Has co-location of services enhanced case management? If so, how?

Has co-location of services reduced stigma associated with applying for food or other economic assistance? How?

If you could, would you want to continue operating the CERC on a longer-term basis?

- Why or why not?

If you could change any aspect of the CERC, what would you change?

- Do you have other recommendations for improvement?

Would training, technical assistance, or other resources have helped you implement the CERC more successfully?

- If yes, what would have helped?

Are there any services that would be helpful to have in the CERC that are not available?

What advice would you give to other states and communities that are considering implementing similar initiatives?

CERC CUSTOMER INTERVIEW

How did you find out about the CERC?

How far did you travel to get here?

What kind of transportation did you use?

Is the CERC conveniently located for you?

What resources or services were you hoping to find at the CERC?

Have you received the services you needed? Expected?

What services have you received?

Who coordinated these services for you?

What referrals have you received to other agencies or service providers?

Have you used these services?

How easy or difficult has it been for you to do that?

How useful have the CERC and referred services been?

Have you been able to access services from multiple agencies at the same location?

Are there any services that you would have liked to access that are not available through the CERC?

Do you have any recommendations for improving the CERC?

CERC PARTNER INTERVIEW

INTRODUCTION

Describe the purpose of the visit and answer questions.

BACKGROUND OF ORGANIZATION

What is the primary mission of your organization?

What services do you provide?

What is your service area?

How long have you provided services in this community?

What are your major funding sources?

What are the characteristics of the families you serve?

- Is the client population you serve through the CERC different than your usual client population?

CERC PLANNING AND DEVELOPMENT

How did you find out that the CERC was being planned?

- When did you find out?

Was your organization involved in the CERC's planning and development?

- What role did your organization play?

SERVICES

What services does your organization provide through the CERC?

Which staff from your organization work at the CERC?

How often are staff at the CERC?

- Has this changed over time?
- If so, why?

How are CERC clients referred to your organization?

What information do you receive about CERC clients' needs?

Do all CERC clients have the opportunity to apply for your services, or only those referred by CERC workers?

Once clients are referred to you, what role do CERC workers play in case management?

- Do they continue to receive ongoing case management from the CERC, or does your organization take over the case?

Do CERC staff follow up on referrals? How?

Do you track the outcomes of CERC clients?

- Do you report them back to the CERC?

COMMUNICATION AMONG PARTNERS

What systems are in place to facilitate communication across participating service providers?

- Do participating providers have regular meetings? If so, which staff attend?
- Produce regular reports?
- Share electronic data?

How do participating service providers communicate across programs?

- Exchange referrals?
- Information about customer needs?

Do participating service providers use common application or other forms?

- Automated case management systems?
- Shared electronic data?

LESSONS

What are the main successes of the CERC?

- Customer outcomes?
- Coordination across service providers?
- Rapid start-up?
- Convenience and accessibility?
- Service co-location? Service integration?
- Other?

What are the main success of your involvement in the CERC?

What has been most challenging about providing services through the CERC?

- Coordination with the CERC?
- Information sharing?
- Start-up time?
- Sufficient resources?
- Other operational difficulties?

What strategies have you tried for overcoming those challenges?

How useful do you think the CERC has been for customers?

- Is it more convenient?
- Are services more accessible?

How useful do you think your agency's presence has been for CERC customers?

Do you think customers accessed services they would not otherwise have received if they were not co-located in the CERC?

Has co-location of services enhanced case management? If so, how?

Has co-location of services reduced stigma associated with applying for food or other economic assistance? How?

If you could, would you want to continue operating the CERC on a longer-term basis?

- Why or why not?

If you could change any aspect of the CERC, what would you change?

- Do you have other recommendations for improvement?

Are there any services that would be helpful to have in the CERC that are not available?

What advice would you give to other states and communities that are considering implementing similar initiatives?

APPENDIX B

PROTOCOLS FOR TELEPHONE INTERVIEWS WITH STATE OFFICIALS

INTERVIEW PROTOCOL FOR STATE OFFICIALS

Describe the purpose of the interview.

CERC GOALS

What goals did the state establish for the CERCs?

Did the state aim to achieve service co-location at the CERCs? To what extent?

Did the state intend for the CERCs to offer information about available community services, or opportunities to actually apply for needed services and benefits?

Did the state intend to achieve service integration or coordinated case management?

CERC PLANNING AND DEVELOPMENT

What was the state's rationale for establishing the CERCs?

Who made the decision to establish the CERCs? When was the decision made?

What factors led to this decision?

How did the state decide which CERC to open first? Are there specific criteria for when a CERC should be opened in a particular community? If so, what are they?

Why did the state decide to establish the CERCs as temporary, rather than permanent, offices?

How long did planning for implementation of the CERCs take? How long did it take for the first CERC to open once the initiative was announced?

Who were the key state-level VEC staff involved in developing the CERCs? What were their roles?

Were staff from other agencies involved in developing the CERCs? If so, who were they and what roles did they play?

What was the division on labor for CERC planning activities between state-level and local VEC staff?

What kinds of support did the state provide to local VEC offices during the planning and development phase? Training or technical assistance? Logistical support? Staff? Funding?

CERC ORGANIZATION AND OPERATIONS

Why does primary responsibility for operating the CERCs rest with the VEC? How was this decision made?

Who supervises the work of the CERCs at the state level? VEC staff? Strike Force members?

How much direction do state-level VEC staff give to the CERC managers? For example, do state-level staff provide guidance on whether needs assessments should be conducted, what services should be offered, which partners should be recruited, or other issues?

How are the CERCs funded? By the VEC, or by multiple agencies? State funds? If by multiple programs, how are costs allocated across programs? Across overhead and staff costs? How were decisions about CERC funding made?

What are the main costs of operating the CERCs? Staff? Overhead costs such as rent and utilities? Equipment?

What is the state's policy on when CERCs are closed?

CERC PARTNERS

Who are the main partners who have participated in the CERCs?

Did the state mandate participation of specific agencies? If so, which ones? Why?

How do the various state agencies involved in the CERCs coordinate at the state level? What kinds of issues are addressed through state-level coordination?

To what extent are the services offered by partners integrated? What factors have influenced the level of service integration achieved?

REPORTING SYSTEM

How did the VEC develop its data collection and reporting system for the CERCs? What factors led to this design? Did the VEC consult with other state agencies in planning this system?

How are the CERC referral and outcome data used? Who receives these reports?

How has implementation of this system gone? Have there been difficulties collecting outcome information on referrals?

How much has this increased burden on local and state-level VEC staff?

LESSONS

To what extent have the initial goals set for the CERCs been met? What factors have aided or impeded the CERCs in meeting these goals?

What are the main successes of the CERCs? Customer outcomes? Coordination across service providers? Rapid start-up? Convenience and accessibility? Service co-location? Service integration? Other?

What has been most challenging about operating the CERCs? Recruitment of partners? Coordination across partners? Information sharing? Start-up time? Sufficient resources? Other operational difficulties?

What strategies have you tried at the state level for overcoming those challenges?

Were the resources available to operate the CERCs sufficient to meet the CERCs' goals? If not, what was lacking? Were facilities, equipment, and staff for the CERCs sufficient?

How useful do you think the CERCs have been for customers? Are they convenient? Are services more accessible?

Do you think customers accessed services they would not otherwise have received if they were not co-located in the CERCs?

Has the level of referrals to non-VEC services been what you expected, higher, or lower? What factors do you think contributed to the level of referrals reported by the CERCs?

Has service co-location enhanced case management? In what way?

If you could, would you want to continue operating the CERCs on a longer-term basis? Why or why not?

If you could change any aspect of the CERCs, what would you change? The planning process? The reporting system? Partner recruitment? Other? Do you have other recommendations for improvement?

Would waivers of any specific requirements of federal or state programs have improved the CERCs' ability to serve customers? Do you have suggestions for ways that federal and state programs could better support the mission of the CERCs?

Would training, technical assistance, or other resources have helped local offices implement the CERCs more successfully? If yes, what would have helped?

Are there any services that would be helpful to have in CERCs that are not available?

What advice would you give to other states and communities that are considering implementing similar initiatives?

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